



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

### Notice of Decision

Decision Date: February 13, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025257

[REDACTED]

[REDACTED]

On February 7, 2018, you and your spouse appeared by telephone at a hearing on your appeal of NY State of Health’s October 12, 2017 eligibility determination notice, October 13, 2017 plan disenrollment notice, December 5, 2017 eligibility determination notice and December 5, 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.

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## Decision

Decision Date: February 13, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025257

[REDACTED]

## 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 that your children's eligibility for and enrollment in Child Health Plus ended effective October 31, 2017?

Did NY State of Health properly determine that your children's eligibility for and enrollment in Child Health Plus was effective January 1, 2018?

## Procedural History

On August 7, 2017, you submitted an application for health insurance on behalf of your children.

On August 8, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to enroll in Child Health Plus with a \$30.00 per month premium for a limited time, effective September 1, 2017. The notice requested that you provide documentation to verify their income by October 6, 2017.

Also on August 8, 2017, NYSOH issued a notice confirming your children's enrollment in a Child Health Plus plan, effective September 1, 2017.

On October 12, 2017, NYSOH issued a notice of eligibility determination stating that your children were no longer qualified for Child Health Plus, effective October 31, 2017, and that if they qualified for a special enrollment period, they

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were eligible to purchase a qualified health plan at full cost, effective November 1, 2017. The notice stated that this was because NYSOH could not verify the income listed on your application for health insurance.

Also on October 13, 2017, NYSOH issued a disenrollment notice stating that your children's coverage in their Child Health Plus plan would end effective October 3, 2017, because they were no longer eligible for that plan.

On December 4, 2017, you updated an application for health insurance on behalf of your children. That day, a preliminary eligibility determination was prepared stating that your children were eligible to enroll in Child Health Plus and you selected a plan for their enrollment.

Also on December 4, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's eligibility for and enrollment in Child Health Plus, insofar as it did not begin on November 1, 2017.

On December 5, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to enroll in Child Health Plus with a \$30.00 per month premium, effective January 1, 2018.

Also on December 5, 2017, NYSOH issued an enrollment confirmation notice based on the plan selection you made on December 4, 2017, stating that your children were enrolled in a Child Health Plus plan effective January 1, 2018.

On February 7, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During that hearing, you and your spouse were sworn in and you both provided testimony. 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 you are disputing your children's disenrollment from their Child Health Plus plan on October 31, 2017, and that you are seeking to have your children's reenrollment in Child Health Plus begin November 1, 2017, rather than January 1, 2018.
- 2) The record reflects that you children were enrolled in Child Health Plus for a limited time, pending verification of your children's income on or before October 6, 2017.
- 3) You testified that you did not know you had to verify your children's income with NYSOH in order to maintain their healthcare coverage in

Child Health Plus because NYSOH did not properly notify you that you were required to do so.

- 4) The record reflects that your children's eligibility for, and enrollment in, Child Health Plus, ended on October 31, 2017 because you did not verify their income.
- 5) You testified that you paid your children's premiums for Child Health Plus plan in November and December 2017, and that the Child Health Plus plan accepted the premium payments during those months.
- 6) Your spouse testified that she discovered your children were disenrolled from their Child Health Plus when she took your children to the doctor in December, and that same day an application for health insurance was submitted on their behalf.
- 7) The record reflects that on December 4, 2017 an application for health insurance was submitted on your children's behalf, and their eligibility for, and enrollment in, Child Health Plus began January 1, 2018.
- 8) You testified that you did not know your children were disenrolled from their Child Health Plus plan because you did not receive proper notice from NYSOH telling you that they were disenrolled from their coverage.
- 9) You testified, and the record reflects, that you receive all your notices from NYSOH by email.
- 10) Your NYSOH account reflects that your email address is [REDACTED]
- 11) You testified that your email address is [REDACTED]
- 12) You testified that you received email alerts from NYSOH stating there was a notice from NYSOH in your NYSOH account, but that you did not login to your NYSOH account to read the notices because you assumed the email alerts were "junk mail." You testified that you could not remember the days on which you received email alerts from NYSOH.
- 13) You testified that this email alert was not proper notice from NYSOH because it directed you to login to your account and read the notices, but did not state the notices were important.

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 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)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your children’s enrollment in their Child Health Plus plan ended effective October 31, 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.

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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 August 8, 2017, you were advised that your children were only eligible for Child Health Plus for a limited time, and that you needed to verify their information before October 6, 2017.

The record reflects that you did not verify your children's income by October 6, 2017. As a result, on October 12, 2017, NYSOH issued a 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 October 13, 2017, NYSOH issued a disenrollment notice stating that your children's coverage in their Child Health Plus plan would end on October 31, 2017.

You testified, and the record reflects, that you elected to receive electronic alerts from NYSOH. You testified that your email address is [REDACTED], which is the same email address listed in your NYSOH account. You testified that you received email alerts from NYSOH alerting you to new notices in your NYSOH account, although you could not remember when you received those email alerts. You further testified that you did not login to your NYSOH account to review the notices because you assumed they were junk, despite the fact that you elected to receive email alerts from NYSOH.

The record reflects that NYSOH properly notified you that the new notices had been uploaded to your NYSOH account on August 8, 2017 and October 12, 2017, and that you elected not to login to your NYSOH account to review the notices. Therefore, the October 12, 2017 eligibility determination notice, and the October 13, 2017 disenrollment notices are correct and must be AFFIRMED.

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

Your wife testified that in December 2017, she took your children to the doctor and discovered your children did not have health insurance, at which time an application to reenroll your children was immediately submitted on their behalf. The record reflects that NYSOH received an application to reenroll you children into a Child Health Plus plan on December 4, 2017, and your children were enrolled into a Child Health Plus plan effective January 1, 2018. You testified that the start date should begin on November 1, 2017 because you did not receive proper notice that your children were disenrolled from their Child Health Plus plan.

As discussed above, NYSOH properly notified you that new notices had been uploaded to your NYSOH account. Since you received proper notice, the date on

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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.

Since you selected a plan for enrollment on December 4, 2017, your children's enrollment would properly take effect on the first day of the month following December; that is January 1, 2018.

Therefore, the December 5, 2017 eligibility determination notice and enrollment confirmation notice stating that your children's eligibility for and reenrollment in their Child Health Plus plan was effective January 1, 2018, are correct and must be AFFIRMED.

## **Decision**

The October 12, 2017 eligibility determination notice is AFFIRMED.

The October 13, 2017 disenrollment notice is AFFIRMED.

The December 5, 2017 eligibility determination is AFFIRMED.

The December 5, 2017 notice of enrollment confirmation is AFFIRMED.

**Effective Date of this Decision:** February 13, 2018

## **How this Decision Affects Your Eligibility**

NYSOH properly disenrolled your children from Child Health Plus on October 31, 2017 because you did not verify your household's income.

NYSOH properly found that your children's reenrollment in Child Health Plus was effective January 1, 2018.

## **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.

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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:  
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- By fax: 1-855-900-5557

### **Summary**

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The October 12, 2017 eligibility determination notice is AFFIRMED.

The October 13, 2017 disenrollment notice is AFFIRMED.

NYSOH properly disenrolled your children from Child Health Plus on October 31, 2017 because you did not verify your household's income.

The December 5, 2017 eligibility determination is AFFIRMED.

The December 5, 2017 notice of enrollment confirmation is AFFIRMED.

NYSOH properly found that your children's reenrollment in Child Health Plus was effective January 1, 2018.

## **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 مجانًا.

### **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.

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