



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

## Notice of Decision

Decision Date: March 22, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027005

[REDACTED]

Dear [REDACTED],

On March 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 20, 2017 eligibility determination, October 20, 2017 disenrollment notice, January 2, 2018 eligibility determination and January 2, 2018 enrollment 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 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: March 22, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027005

[REDACTED]

## 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 that your child's eligibility for and enrollment in Child Health Plus ended effective November 30, 2017?

Did NYSOH properly determine that your child's enrollment in Child Health Plus was effective February 1, 2018?

## Procedural History

On August 15, 2017, you submitted an application for health insurance on behalf of your child.

On August 16, 2017, NYSOH issued an eligibility determination notice stating that your child was 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 proof of your attested household income by no later than October 14, 2017.

Also on August 16, 2017, NYSOH also issued a notice confirming your child's enrollment in a Child Health Plus plan, effective September 1, 2017.

On September 23, 2017, NYSOH issued a disenrollment notice, effective September 30, 2017, reflecting your request that your child's coverage be terminated.

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Also on September 23, 2017, NYSOH also issued a notice confirming your child's re-enrollment in a Child Health Plus plan effective November 1, 2017. This notice also contained a reminder of the request that you provide proof of your attested household income by October 14, 2017.

No income documentation was received by NYSOH by October 14, 2017.

On October 20, 2017, NYSOH issued an eligibility determination notice stating that your child was newly eligible to purchase a qualified health plan at full cost, effective December 1, 2017. The notice further stated that your child no longer qualified for Child Health Plus because NYSOH could not verify the income listed on your application for health insurance.

On October 20, 2017, NYSOH also issued a disenrollment notice stating that your child's coverage in Child Health Plus would end effective November 30, 2017, because he was no longer eligible for that plan.

On January 1, 2018, you updated your child's NYSOH application for financial assistance with insurance.

On January 2, 2018, NYSOH issued a notice of eligibility determination, based on your January 1, 2018 application, stating that your child was eligible to enroll in Child Health Plus with a \$30.00 monthly premium for a limited time, effective February 1, 2018. The notice requested that you provide proof of your attested household income by no later than March 2, 2018.

Also on January 2, 2018, NYSOH issued a notice of enrollment, based on your plan selection on January 1, 2018, stating that your child was enrolled in a Child Health Plus plan, and that this enrollment in the plan would start February 1, 2018. This notice also requested that you provide proof of your attested household income by no later than March 2, 2018.

On January 9, 2018 you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as it did not begin December 1, 2017.

On March 6, 2018, you had a telephone hearing with a Hearing Officer from the NYSOH 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 supports the following findings of fact:

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- 1) You testified that you are appealing your child's disenrollment from his Child Health Plus plan on November 30, 2017, and that you are seeking to have your child's reenrollment in Child Health Plus but were unsure whether you would like that plan to begin December 1, 2017 or January 1, 2017.
- 2) You testified that you did not receive any notices indicating that your child's coverage had been terminated, and that you only discovered his lapse in coverage following a doctor's appointment in late December or early January.
- 3) You testified that you believe that prior to January 9, 2018 you received your notices from NYSOH by regular mail but that you were unsure.
- 4) During the hearing, you gave permission to the Hearing Officer to review the phone calls you had with NYSOH. Five phone calls were reviewed from between August 15, 2017 and January 9, 2018. During the January 9, 2018 phone call, you elected to receive your notices from NYSOH by electronic alert.
- 5) No notices that were sent to you by regular mail have been returned to NYSOH as undeliverable.
- 6) You submitted an updated application to NYSOH on behalf of your child on January 1, 2018 and reenrolled your child into Child Health Plus that day.

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

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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 – Income Verification

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

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your child’s enrollment in Child Health Plus ended effective November 30, 2017.

For an applicant to remain eligible for enrollment in a Child Health Plus plan through NYSOH, they must meet both financial and non-financial eligibility requirements. NYSOH is required to verify attested household income as one of those financial requirements.

If NYSOH cannot verify an applicant’s attested household income, it must provide the applicant with notice of the inconsistency. NYSOH must then provide the individual with a period of 90 days from the date of the initial notice to resolve it.

In the eligibility determination dated August 16, 2017, you were advised that your child was only eligible for Child Health Plus for a limited time, and that you needed to verify your attested household income before October 14, 2017 to maintain his eligibility for that coverage. An enrollment notice issued on September 23, 2017 also contained a reminder that you needed to submit documentation in order to verify your household’s income by October 14, 2017.

The record reflects that you did not verify your attested household income by October 14, 2017. As a result, on October 20, 2017, NYSOH issued a notice stating in part, that your child was no longer eligible for Child Health Plus

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because NYSOH could not verify the income listed in their application. On October 20, 2017, NYSOH issued a disenrollment notice stating that your children's coverage in their Child Health Plus plan would end on November 30, 2017.

You testified, and the record reflects, that prior to January 9, 2018 you elected to receive your notices from NYOSH by regular mail. You testified that you did not receive the notices informing you that your child's eligibility was conditional pending the submission of income documentation. You testified that you also did not received the disenrollment notice or eligibility notice informing you that your child's eligibility for and enrollment in Child Health Plus was no longer effective as of November 30, 2017.

The record does not contain any notices that were sent to you by regular mail, returned to NYSOH as undeliverable. Therefore, NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm the income you listed in the account.

Accordingly, your child's eligibility for Child Health Plus terminated as of November 30, 2017 because you did not submit documentation and did not adequately demonstrate that you could not provide documentation to confirm your income.

Therefore, the October 20, 2017 eligibility determination notice and the October 20, 2017 disenrollment notice are correct and must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that your child's enrollment in his Child Health Plus plan was effective February 1, 2018.

You testified and the record reflects that you contacted NYSOH on January 1, 2018, resubmitted an application for financial assistance on your child's behalf and elected re-enroll him in a Child Health Plus plan.

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 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 your child on January 1, 2018, that enrollment would properly begin on the first day of the next following month after January; that is on February 1, 2018.

Therefore, the January 2, 2018 enrollment confirmation notice stating that your child's enrollment in his Child Health Plus plan was effective February 1, 2018, is correct and must be AFFIRMED.

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).

## **Decision**

The October 20, 2017 eligibility determination notice is AFFIRMED.

The October 20, 2017 disenrollment notice is AFFIRMED.

The January 2, 2018 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** March 22, 2018

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

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is February 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.

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

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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 20, 2017 eligibility and disenrollment notices are AFFIRMED.

The January 2, 2018 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is February 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 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 srε wo, frε 1-855-355-5777. ye&εtumi 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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