



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

Notice of Decision

Decision Date: April 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028134

[REDACTED]

[REDACTED]

On April 3, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 6, 2017 eligibility determination notice, January 26, 2018 disenrollment notice, and February 7, 2018 plan 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 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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NY State of Health Account ID: [REDACTED]
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Issues

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

Did NY State of Health (NYSOH) properly determine your child was eligible for full price Child Health Plus plan effective January 1, 2018?

Did NYSOH properly disenroll your child for non-payment of premium, effective January 1, 2018?

Did NYSOH properly determine your child's enrollment in a Child Health Plus plan with a \$30.00 monthly premium was next effective March 1, 2018?

Procedural History

On September 30, 2017, NYSOH received your child's application for financial assistance.

On October 1, 2017, NYSOH issued an eligibility determination notice stating your child was eligible for Child Health Plus for a cost of \$30.00 per month for a limited time, effective November 1, 2017. The notice directed you to provide proof of your household's income by November 29, 2017. The household income listed in this application was \$52,000.00.

On October 1, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in a Child Health Plus plan on September 30, 2017, for a start date of November 1, 2017.

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No income documentation was received by NYSOH by the November 29, 2017 deadline.

On December 6, 2017, NYSOH issued an eligibility determination notice stating your child was eligible for a full cost Child Health Plus plan, effective January 1, 2018. The notice stated this was because state and federal data sources showed your household income was more than \$81,680.00.

On December 6, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in a Child Health Plus plan for a cost of \$240.48 per month, effective January 1, 2018.

On January 26, 2018, NYSOH issued a disenrollment notice stating your child's enrollment in a Child Health Plus plan was ending on January 1, 2018, because you did not pay your insurance bill by the payment deadline.

On January 31, 2018, you re-enrolled your child into a Child Health Plus plan at full cost, effective March 1, 2018.

On January 31, 2018, you spoke to NYSOH's Account Review Unit and appealed the redetermination of your child's eligibility, as well as her disenrollment and the start date of her new coverage with Child Health Plus.

On February 1, 2018, NYSOH issued a plan enrollment notice confirming your child's enrollment in a Child Health Plus plan for a cost of \$240.48 per month, effective March 1, 2018.

On February 6, 2018, NYSOH received your updated application for financial assistance.

On February 7, 2018, NYSOH issued an eligibility determination notice stating your child was eligible for Child Health Plus with a \$30.00 monthly premium, effective March 1, 2018.

On February 7, 2018, NYSOH issued a plan enrollment notice confirming your child's enrollment in a Child Health Plus plan for a cost of \$30.00 per month, effective March 1, 2018.

On April 3, 2018, 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 proceeding.

Findings of Fact

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

- 1) You testified that you are appealing your child's eligibility for full price Child Health Plus for the month of January 2018, her disenrollment from her health plan, effective January 1, 2018, and her new enrollment start date of March 1, 2018.
- 2) You testified that you did not receive an October 1, 2017 notice stating you needed to provide proof of your income before November 29, 2017.
- 3) Your NYSOH account indicates you receive your notices through email. You testified that you thought you were signed up for regular U.S. mail notices and you switched to email alerts after your child had been disenrolled.
- 4) You confirmed your address on the October 1, 2017 notice was correct at the time [REDACTED] but testified you have since moved to a new address on [REDACTED] 2018.
- 5) There have been no notices returned to NYSOH as undelivered from your address at [REDACTED], nor any other address you have had on file.
- 6) You testified that you had issues with your mail at your prior address of [REDACTED] and that mail would get thrown on the ground for tenants to go through whoever got to [REDACTED] and you would frequently miss mailings.
- 7) According to your NYSOH account, you did not update your child's application until January 31, 2018, when you re-enrolled your child into a Child health Plus plan.
- 8) You testified you first realized your child's premium had increased at the end of January 2018, when you tried to make a premium payment of \$30.00 but were told you could not because the amount required had changed.
- 9) You testified that you file your 2017 taxes as married filing jointly with one dependent child.
- 10) You testified your income in your applications has remained the same with an expected household income of \$52,000.00.

- 11) You testified your child did not incur medical bills which were not covered in the months of January 2018 and February 2018.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Verification Process

NYSOH is required to verify the eligibility of an applicant for Child Health Plus 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)).

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus 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) (NY Public Health Law § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, 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

(NY Public Health Law § 2511(2)(a)-(e)).

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 Child Health Plus 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).

Legal Analysis

The first issue under review is whether NYSOH properly determined your child was eligible for full price Child Health Plus plan effective January 1, 2018.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence and provide them a reasonable period of time to furnish such information.

NYSOH issued an eligibility determination notice on October 1, 2017, based on your September 30, 2017 application for your child. The determination notice stated your child was eligible for Child Health Plus for a limited time for a cost of \$30.00 per month, effective November 1, 2017. The notice directed you to provide proof of your household income by November 29, 2017.

You testified that you did not receive any notice from NYSOH telling you that you needed to provide income documentation to confirm your child’s eligibility. You testified that you elected to receive notifications by regular mail. Your NYSOH account now shows this has been changed to email alerts. You testified you changed your method of contact after your child was disenrolled in January 2018.

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There is no evidence in the record that any of the notices that were issued to your mailing address at [REDACTED] or any other address you have had on file were ever returned to NYSOH as undeliverable. You further confirmed your address for the record and indicated you moved from that address on [REDACTED] 2018, after your child's disenrollment. You explained mail at your prior address of [REDACTED] would get thrown on the ground for tenants to go through and you would frequently miss mailings as a result.

Based on your testimony and record as established at the time the October 1, 2017 notice was issued, NYSOH properly notified you of an inconsistency in your account and that income documentation was needed by a date certain. Since NYSOH did not receive the requested income documentation by the deadline of November 29, 2017, NYSOH system redetermined your child's eligibility from federal and state data sources, and determined she was eligible to purchase a Child Health Plus plan at full cost, effective January 1, 2018. The data sources showed your household income to be greater than \$81,680.00 for a three-person household.

Therefore, NYSOH's December 6, 2017, eligibility determination notice stating your child was eligible to purchase a Child Health Plus plan at full cost, effective January 1, 2018, was proper and is AFFIRMED.

The second issue under review is whether NYSOH properly terminated your child's Child Health Plus plan for non-payment of premium, effective January 1, 2018.

On December 5, 2017, your child was enrolled in a Child Health Plus plan at full cost, effective January 1, 2018.

You testified you first realized your child had been disenrolled for non-payment of premium when you attempted to make a \$30.00 premium payment in January 2018, but could not because you were told by your health plan that your child's premium had increased.

On January 26, 2018, NYSOH issued a notice stating that your child was disenrolled from her Child Health Plus plan for non-payment of premiums, effective January 1, 2018.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether or not your child was properly terminated from her Child Health Plus plan for non-payment of premiums. Therefore, your appeal of the January 26, 2018 disenrollment notice is DISMISSED as a non-appealable issue.

If you have not already been assisted with your current coverage issue, please contact your health plan directly.

In addition, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

The third issue under review is whether NYSOH properly determined that your child's reenrollment in her Child Health Plus plan for a cost of \$30.00 per month was effective March 1, 2018.

You contacted NYSOH on January 31, 2018, and selected a health plan to reenroll your child into 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.

As you contacted NYSOH to reenroll your child into a Child Health Plus plan and selected a plan for her on January 31, 2018, her reenrollment should have taken effect the first day of the second following month after January 2018; that is, on March 1, 2018.

Therefore, the February 7, 2018 plan enrollment notice stating that your child's reenrollment in her Child Health Plus plan was effective, March 1, 2018 is AFFIRMED.

Decision

The December 6, 2017, eligibility determination notice stating your child was eligible to purchase a Child Health Plus plan at full cost, effective January 1, 2018, is AFFIRMED.

Your appeal of the insurer's termination of your child's disenrollment from her Child Health Plus plan for non-payment of premiums, effective January 1, 2018, is DISMISSED as a non-appealable issue.

The February 7, 2018 plan enrollment notice stating that your child's reenrollment in her Child Health Plus plan was effective, March 1, 2018 is AFFIRMED.

Effective Date of this Decision: April 24, 2018

How this Decision Affects Your Eligibility

Your child was eligible for a full cost Child Health Plus plan, effective January 1, 2018.

Your child was disenrolled from her Child Health Plus plan for non-payment of premium, effective January 1, 2018.

Your child's reenrollment in her Child Health Plus plan was effective March 1, 2018.

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.

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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 6, 2017, eligibility determination notice stating your child was eligible to purchase a Child Health Plus plan at full cost, effective January 1, 2018, is AFFIRMED.

Your appeal of the insurer's termination of your child's disenrollment from her Child Health Plus plan for non-payment of premiums, effective January 1, 2018, is DISMISSED as a non-appealable issue.

The February 7, 2018 plan enrollment notice stating that your child's reenrollment in her Child Health Plus plan was effective, March 1, 2018 is AFFIRMED.

Your child was eligible for a full cost Child Health Plus plan effective January 1, 2018.

Your child was disenrolled from her Child Health Plus plan for non-payment of premium effective January 1, 2018.

Your child's reenrollment in her Child Health Plus plan was effective March 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)

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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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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