



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

## Notice of Decision

Decision Date: July 1, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006783

[REDACTED]

Dear [REDACTED]

On June 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 4, 2016 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.

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## Decision

Decision Date: July 1, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006783



## Issues

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

Was NY State of Health's February 4, 2016 eligibility determination notice timely?

Did NY State of Health properly determine that your child's enrollment in her Child Health Plus plan was effective March 1, 2016?

## Procedural History

On November 14, 2015, your NYSOH account was updated to indicate that your daughter was seeking health insurance coverage.

On November 15, 2015, NYSOH issued a notice stating that your child may be eligible for health insurance but more information was needed to make a determination. The income information you provided did not match what NYSOH had obtained from State and Federal data sources and NYSOH was unable to make a determination until you submitted additional income documentation.

On November 18, 2015, NYSOH received a fax containing two paystubs. The paystubs as they appear in your NYSOH account are not readable.

On December 9, 2015, an NYSOH representative marked those paystubs as invalid because they were not legible.

On December 10, 2015, NYSOH sent a letter stating that the documentation you submitted to resolve the inconsistency in your NYSOH was insufficient. You were again informed that additional income information was required to confirm your child's eligibility.

On December 28, 2015, NYSOH received a fax containing three paystubs dated October 23, 2015, November 6, 2015, and December 18, 2015.

On January 11, 2016, an NYSOH representative marked those paystubs as invalid because you did not submit consecutive biweekly paystubs from within the past 30 days.

On January 12, 2016, NYSOH sent a letter stating that the documentation you submitted to resolve the inconsistency in your NYSOH was insufficient. You were again informed that additional income information was required to confirm your child's eligibility.

On January 25, 2016, two paystubs dated December 30, 2015 and January 15, 2016 were uploaded to your NYSOH account.

On February 2, 2016, income information in your NYSOH account was updated. That day, a preliminary eligibility determination was prepared stating that your daughter was eligible to enroll in Child Health Plus with a \$9.00 per month premium and a Child Health Plus plan was selected for your daughter.

On February 3, 2016, 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, 2015.

On February 4, 2016, NYSOH issued a notice of eligibility determination, based on your February 2, 2016 application, stating that your child was conditionally eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective March 1, 2016.

Also on February 4, 2016 NYSOH issued a notice of enrollment, based on your plan selection, stating that your child enrolled in a Child Health Plus plan, and that this enrollment in the plan would start March 1, 2016.

On June 16, 2016 you were scheduled to have a telephone hearing. That day, a Hearing officer called you from NYSOH's Appeals Unit and you requested to adjourn your hearing.

On June 29, 2016 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 are appealing only your child's eligibility.
- 2) Your child was first added to your NYSOH account as seeking insurance on November 14, 2015.
- 3) You testified that prior to applying for coverage through NYSOH she had coverage through her Local Department of Social Services.
- 4) The record indicates that in the application that was submitted on November 14, 2015 you attested to an expected yearly income of \$21,350.00 which put your child into a "pending Medicaid" status.
- 5) You testified that your expected yearly income was actually over \$25,000.00. You testified that the \$21,000.00 figure that was in your application may have either been your income from 2014 or your net income for 2015.
- 6) You testified that you were not informed what was wrong with the income documentation that you submitted. You were not informed of the issues until you called NYSOH to speak to a representative.
- 7) You testified that you were confused as to what exactly NYSOH was looking for in order to confirm your child's eligibility.
- 8) The record indicates, that you enrolled your child into a Child Health Plus plan on February 2, 2016.
- 9) You testified that you need your child's Child Health Plus plan to begin on December 1, 2015 because she has unpaid medical bills.

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

## **Applicable Law and Regulations**

### Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

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To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 30 days from the date of the application for a child who is at least 1 year of age but younger than 19 years of age (18 NYCRR 360-2.4(a)(3)(ii)).

### 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).

## **Legal Analysis**

The first issue is whether NYSOH’s February 4, 2016 eligibility determination notice was timely.

Your child was first added to your NYSOH account as seeking insurance on November 14, 2015. In the application that was submitted that day, you attested

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to an expected yearly income of \$21,350.00 which put your child into a “pending Medicaid” status. The record indicates that the income information you attested to in the November 14, 2015 application was not an accurate representation of your gross income. You testified that your expected yearly income was actually over \$25,000.00 and that the \$21,000.00 figure that was in your application may have either been your income from 2014 or your net income for 2015.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 30 days from the date of the completed application. The applicant must be notified if the application does not contain sufficient information to permit NYSOH to conduct an eligibility determination. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

On November 15, 2015, NYSOH issued a notice requesting you submit income documentation to confirm your child’s eligibility because the income information you provided did not match what NYSOH had obtained from State and Federal data sources.

On November 18, 2015, NYSOH received a fax containing two paystubs. NYSOH had 30 days (until December 18, 2015) to make a determination of your child’s eligibility if those paystubs were deemed sufficient to complete your application. On December 9, 2015, an NYSOH representative marked those paystubs as invalid because they were not legible. On December 10, 2015, NYSOH sent a letter stating that the documentation you submitted to resolve the inconsistency in your NYSOH was insufficient. Therefore, your application was not considered complete for purposes of issuing an eligibility determination.

On December 28, 2015, NYSOH received another fax containing two paystubs. NYSOH had 30 days (until January 17, 2016) to make a determination of your child’s eligibility if those paystubs were deemed sufficient to complete your application. On January 11, 2016, an NYSOH representative marked those paystubs as invalid because there were not two consecutive paystubs within 30 days of the date they were submitted. On January 12, 2016, NYSOH sent a letter stating that the documentation you submitted to resolve the inconsistency in your NYSOH was insufficient. Therefore, your application was still not considered complete for purposes of issuing an eligibility determination.

On January 25, 2016, two legible paystubs dated December 30, 2015 and January 15, 2016 were uploaded to your NYSOH account. NYSOH had 30 days (until February 24, 2016) to make a determination of your child’s eligibility if those paystubs were deemed sufficient to complete your application.

On February 2, 2016, income information in your NYSOH account was updated to correctly reflect your annual household income.

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NYSOH issued an eligibility determination notice on February 4, 2016 that stated your child was eligible for Child Health Plus. Since NYSOH issued an eligibility determination 9 days from the date your application was considered complete, the February 4, 2016 eligibility determination was timely.

The second issue is whether NYSOH properly determined that your child's enrollment in her Child Health Plus plan was effective March 1, 2016.

The record indicates, that you enrolled your child into a Child Health Plus plan on February 2, 2016.

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.

Therefore, the February 4, 2016 enrollment confirmation notice stating that your child's enrollment in her Child Health Plus plan was effective March 1, 2016, is correct and must be AFFIRMED.

## **Decision**

The February 4, 2016 eligibility determination notice was timely.

The February 4, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** July 1, 2016

## **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 March 1, 2016.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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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Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The February 4, 2016 eligibility determination notice was timely.

The February 4, 2016 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 March 1, 2016.

### **Legal Authority**

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

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**A Copy of this Decision Has Been Provided To:**

