



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

Notice of Decision

Decision Date: January 4, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009734

[REDACTED]

[REDACTED]

On November 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 20, 2016 enrollment notice and November 21, 2016 disenrollment 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 § 155.545.

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Decision

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NY State of Health Account ID: [REDACTED]
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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 your child's eligibility for and enrollment in his Child Health Plus plan was effective May 1, 2016?

Did NYSOH properly determine that your child's enrollment in his Child Health Plus plan was terminated effective November 30, 2016?

Procedural History

On February 15, 2015, NYSOH issued a notice of eligibility determination, based on your February 14, 2015 application, stating that your child was eligible for Medicaid, effective February 1, 2015. Your child was subsequently enrolled in a Medicaid Managed Care (MMC) plan, with coverage under that MMC beginning effective March 1, 2015.

On January 12, 2016, NYSOH issued a notice stating that it was time to renew your child's health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your child would qualify for financial help paying for his health coverage, and that you needed to update your account by February 15, 2016 or your child might lose the financial assistance he was currently receiving.

On January 30, 2016, NYSOH received an update to your application.

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On January 31, 2016, NYSOH issued a notice stating that your child might be eligible for health insurance, but more information was needed to make a determination. You were requested to provide documentation to prove your income by February 15, 2016 to confirm the information in your application was accurate.

On January 31, 2016, NYSOH issued a disenrollment notice stating that your son's MMC plan coverage would end effective February 29, 2016.

On February 9, 2016, NYSOH received four earnings statements reflecting income you received from your employer, [REDACTED] between January 8, 2016 and January 29, 2016.

On March 2, 2016, NYSOH received an update to your application.

On March 3, 2016, NYSOH issued a notice stating that your child might be eligible for health insurance, but more information was needed to make a determination. You were requested to provide documentation to prove your income by March 18, 2016 to confirm the information in your application was accurate.

On March 9, 2016, NYSOH received four earnings statements reflecting income you received from your employer, [REDACTED], between February 12, 2016, and March 4, 2016.

On March 16, 2016, NYSOH reran your eligibility based on information contained in your application as of March 16, 2016.

On March 17, 2016, NYSOH issued an eligibility determination notice stating that your son was eligible to enroll in Child Health Plus (CHP) for a cost of \$9.00 per month, effective May 1, 2016.

On March 20, 2016, NYSOH issued an enrollment notice stating confirming your selection of a CHP plan for your son's coverage as of March 19, 2016. The notice further stated that his coverage would begin effective May 1, 2016.

On May 19, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP plan insofar as it began on May 1, 2016, rather than March 1, 2016.

On November 10, 2016, NYSOH received an update to your application.

On November 11, 2016, NYSOH issued a notice stating that your child might be eligible for health insurance, but more information was needed to make a determination. You were requested to provide documentation to prove your

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income by November 25, 2016 to confirm the information in your application was accurate.

Also on November 11, 2016, NYSOH issued a disenrollment notice stating that your son's CHP plan coverage would end effective November 30, 2016.

On November 22, 2016, NYSOH received four earnings statements issued by your employer, [REDACTED], between October 22, 2015 and November 12, 2016.

On November 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, and your account reflects, that you updated your application on January 30, 2016 after having received the NYSOH renewal notice issued on January 12, 2016 requesting that you update your application prior to February 15, 2016.
- 2) You attested in your January 30, 2016 application that your sole source of income was from [REDACTED], from which you anticipated receiving \$420.00 per week.
- 3) On January 31, 2016, NYSOH issued a notice requesting that you provide income documentation prior to February 15, 2016 so that your son's eligibility could be determined.
- 4) On February 9, 2016, you provided to NYSOH four earnings statements issued to you by your employer, [REDACTED], reflecting that you received (1) \$585.00 on January 8, 2016, (2) \$490.75 on January 15, 2016, (3) \$451.75 on January 24, 2016 and (4) \$497.25 on January 29, 2016. These documents were invalidated by NYSOH based on the discrepancy of the employer name referenced within your earnings statements with the employer you attested to within your application as of January 30, 2016.
- 5) You testified that while your direct employer is [REDACTED] the parent company is [REDACTED] which is why you referenced that employer on your January 30, 2016 application.

- 6) Your son was disenrolled from his MMC plan effective February 29, 2016.
- 7) You provided a revised application on March 2, 2016 in which you revised your income source to [REDACTED]. In response to this application, you were again requested to provide income documentation, by March 18, 2016, to prove the information in your application was accurate.
- 8) On March 9, 2016, you provided to NYSOH four earnings statements issued to you by your employer, [REDACTED], reflecting that you received (1) \$705.25 on February 12, 2016, (2) \$497.25 on February 19, 2016, (3) \$711.75 on February 26, 2016 and (4) \$517.25 on March 4, 2016.
- 9) Your son was found eligible for CHP, effective May 1, 2016.
- 10) You testified that you were seeking for your son's CHP coverage to begin effective March 1, 2016, rather than May 1, 2016, since you had timely provided all documentation requested of you by NYSOH and you had incurred several bills for your son's medical care during the months of March and April 2016.
- 11) Your son was subsequently disenrolled from his CHP plan effective November 30, 2016. You testified at the hearing that you were seeking to appeal this as well to reinstate his coverage.
- 12) Your account reflects that after you had been disenrolled from your Essential Plan for non-payment of premiums, you submitted a revised application to NYSOH on November 10, 2016. You testified that you did this solely in an attempt to reenroll yourself in health coverage through NYSOH.
- 13) On November 11, 2016, NYSOH issued a notice requested that you provide additional income documentation to confirm your eligibility.
- 14) On November 22, 2016, you provided four earnings statements issued to you by [REDACTED], reflecting that you received (1) \$889.35 on October 22, 2016, \$681.45 on October 29, 2016, (3) \$481.80 on November 5, 2016 and (\$) \$795.30 on November 12, 2016.
- 15) Your son was found eligible for CHP coverage at no cost, effective January 1, 2016.

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data from agency sources that will allow the Marketplace to verify the household's income (45 CFR § 155.320(c)(1)(i)). If the Marketplace 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 (45 CFR § 155.315(f)).

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).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your child were eligible for coverage through CHP effective May 1, 2016, rather than March 1, 2016.

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On January 30, 2016, NYSOH received your initial update to your application after having been issued a renewal notice in connection with your son's eligibility.

NYSOH issued a notice on January 31, 2016, based on your application which stated that more information was needed to make a determination. The notice explained the information you provided to NYSOH in your application did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by February 15, 2016.

When NYSOH cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation.

The record reflects on February 9, 2016 you uploaded income documentation in the form of four earnings statements issued by [REDACTED]. This documentation was determined to be invalid by NYSOH based on the discrepancy between the employer referenced within your earnings statements and the employer you attested to within your application as of January 30, 2016.

You credibly testified, however, that there was no discrepancy with the employers referenced in your application and earnings statements, and that [REDACTED] is a subsidiary company of [REDACTED] which is why you referenced that entity within your January 30, 2016 application update.

Accordingly, contrary to the findings of NYSOH, based on the documentation you provided on February 9, 2016, NYSOH had enough information to confirm your attested annual household income and eligibility.

Therefore, had your documentation been correctly reviewed, your son would have been found eligible for CHP on February 9, 2016, and allowed to enroll in a plan.

The date on which a CHP 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 March 20, 2016 enrollment notice is MODIFIED to state that your son's CHP coverage began effective March 1, 2016.

The second issue under review is whether NYSOH properly determined that your child was disenrolled from his CHP plan effective November 30, 2016.

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The record reflects that you updated your account on November 10, 2016.

NYSOH issued a notice on November 11, 2016, based on your application, which stated that more information was needed to make a determination. The notice explained the information you provided to NYSOH in your application did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by November 25, 2016.

The record reflects on November 22, 2016 you uploaded income documentation in the form of four earnings statements issued by [REDACTED]. This documentation was determined to be valid by NYSOH. Based on the information contained in this documentation, your son was reenrolled in his CHP plan effective January 1, 2017. However as a result of the application having been provided to NYSOH on November 10, 2016, your son was effectively disenrolled from his CHP plan for the month of December 2016.

We find that since you provided that since you timely provided the requested income documentation, and your son was ultimately reenrolled in the CHP plan effective January 1, 2017, his disenrollment was issued in error.

Therefore, NYSOH's November 21, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your son's CHP coverage for the months of March, April and December 2016, provided the necessary premiums are remitted to the insurance carrier.

Decision

The March 20, 2016 enrollment notice is MODIFIED to state that your son's CHP coverage began effective March 1, 2016.

The November 21, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your son's CHP coverage for the months of March, April, and December 2016, provided the necessary premiums are remitted to the insurance carrier.

Effective Date of this Decision: January 4, 2017

How this Decision Affects Your Eligibility

Your son's CHP coverage is reinstated for the months of March, April and December 2016, provided the necessary premiums are remitted to the insurance carrier.

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.

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:
NY State of Health Appeals
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- By fax: 1-855-900-5557

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Summary

The March 20, 2016 enrollment notice is MODIFIED to state that your son's CHP coverage began effective March 1, 2016.

The November 21, 2016 disenrollment notice is RESCINDED.

Your son's CHP coverage is reinstated for the months of March, April and December 2016, provided the necessary premiums are remitted to the insurance carrier.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

