



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

Notice of Decision

Decision Date: January 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011797

[REDACTED]

[REDACTED]

On December 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's August 11, 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 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).

This page intentionally left blank.



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

Decision

Decision Date: January 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011797

[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 your child's Child Health Plus plan was effective September 1, 2016?

Procedural History

On July 27, 2016, NYSOH received your son's initial application for financial assistance.

On July 28, 2016, NYSOH issued a notice stating more information was required in order to confirm his eligibility. You were asked to provide proof of your household's income by August 11, 2016.

On August 10, 2016, NYSOH received your son's updated application for financial assistance. Also on August 10, 2016, NYSOH received your uploaded 1040 individual tax return for 2015.

On August 11, 2016, NYSOH issued an eligibility determination notice based on your August 10, 2016 application stating that your child was eligible for Child Health Plus for a limited time, effective September 1, 2016. The determination stated that you would need to provide additional information to confirm his eligibility. You were asked to provide income documentation before October 9, 2016. This determination was based on your annual household income of \$37,885.00.

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).

Also on August 11, 2016, an enrollment confirmation notice was issued confirming your child's enrollment in a Child Health Plus plan on August 10, 2016. The notice stated his Child Health Plus plan would start September 1, 2016.

On August 31, 2016, you spoke to NYSOH's Account Review Unit and appealed that determination insofar as your child was eligible for Medicaid, and not eligible for Child Health Plus.

On December 15, 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 supports the following findings of fact:

- 1) You are seeking insurance for your son.
- 2) You testified that you expected to file your 2016 tax return with a tax filing status of married filing jointly. You will claim your son as a dependent on that tax return.
- 3) NYSOH received your son's initial application for financial assistance on July 27, 2016.
- 4) You testified you applied using the help of an application counselor from Independent Health Association, Inc.
- 5) You testified your child's Child Health Plus plan outside of NYSOH ended on July 31, 2016, and that you did not know it was time to renew his coverage.
- 6) You enrolled your child into a Child Health Plus plan on August 10, 2016.
- 7) You testified that you would like your child to be eligible for Child Health Plus effective August 1, 2016, as you incurred medical costs that month for doctor's visits for your son.
- 8) On November 10, 2016, you uploaded income documentation for you and your spouse for the month of August 2016. See Document:
[REDACTED].

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

Applicable Law and Regulations

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus (CHP) 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) (New York Public Health Law (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

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).

Medicaid for Children

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

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).

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied (42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Legal Analysis

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

You testified that you contacted NYSOH on July 27, 2016, and submitted an application for financial assistance for your child. A determination was unable to be made on his application without additional documentation of your household's income.

On August 10, 2016, NYSOH received your son's updated application for financial assistance with his health insurance, that day a determination was made finding your child conditionally eligible for Child Health Plus effective September 1, 2016 were asked to provide income documentation before October 9, 2016. This determination was based on your increased annual household income of \$37,885.00.

Also on August 10, 2016, you selected a Child Health Plus plan for your child.

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.

Because your application was completed on August 10, 2016, and enrollment was submitted on that day, your son's Child Health Plus plan would take effect on the first day of the following month, which is September 1, 2016.

Since the August 11, 2016 eligibility determination and enrollment confirmation notices properly found your child eligible for Child Health Plus effective September 1, 2016, based on the information provided in your application it is **AFFIRMED**.

However, Medicaid coverage can be made effective retroactively for up to three months prior to an individual's application if the individual received medical

services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

On November 10, 2016 you uploaded income documentation for you and your spouse for the month of August, 2016. See Document: [REDACTED]

NYSOH has yet to review this documentation or make a determination of your child's eligibility for Medicaid for the month of August 2016.

Therefore, your case is RETURNED to NYSOH to review the income documentation provided for the month of August, 2016 (Document [REDACTED]), and redetermine your child's eligibility for Medicaid for the month of August 2016, based on that documentation if appropriate.

Decision

The August 11, 2016 eligibility determination and enrollment confirmation notices are AFFIRMED.

Your case is RETURNED to NYSOH to review the income documentation provided for the month of August 2016 (Document [REDACTED]), and redetermine your child's eligibility for Medicaid for the month of August 2016, based on that documentation if appropriate.

Effective Date of this Decision: January 6, 2017

How this Decision Affects Your Eligibility

Your child's Child Health Plus plan is effective September 1, 2016.

Your case is being returned to NYSOH to verify your income documentation, and redetermine your child's eligibility for Medicaid for the month of August, 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.

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

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).

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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The August 11, 2016, eligibility determination and enrollment confirmation notices are **AFFIRMED**.

Your child's Child Health Plus plan is effective September 1, 2016.

Your case is being returned to NYSOH to verify your income documentation, and redetermine your child's eligibility for Medicaid for the month of August, 2016.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 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).

A Copy of this Decision Has Been Provided To:

