



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

Notice of Decision

Decision Date: May 08, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013595

[REDACTED]

Dear [REDACTED],

On March 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 19, 2016 eligibility determination notices, the November 25, 2016 disenrollment notice, the December 15, 2016 enrollment confirmation notice, and the January 30, 2017 eligibility determination and disenrollment 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

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We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013595



Issues

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

Did the NY State of Health (NYSOH) properly determine your child's Child Health Plus coverage was effective no earlier than January 1, 2017?

Did NYSOH properly determine your child was no longer eligible for health insurance through NYSOH, effective February 1, 2017?

Did NYSOH properly determine you and your spouse were no longer eligible to enroll in the Essential Plan, effective December 31, 2016?

Procedural History

On August 31, 2016, NYSOH received your updated application for financial assistance and health insurance for your family.

On September 1, 2016, NYSOH issued an eligibility determination notice stating you and your spouse were eligible to enroll in the Essential Plan, effective October 1, 2016.

Also on September 1, 2016, NYSOH issued a notice stating more information was required to confirm eligibility for your child. The notice directed you to provide proof of your household's income, by September 15, 2016, or NYSOH would not be able to determine your child's eligibility for health coverage.

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On September 7, 2016, NYSOH issued a notice of enrollment confirmation stating you and your spouse were enrolled in an Essential Plan, effective October 1, 2016.

On September 15, 2016, NYSOH received a letter from you stating your child did not have any income. NYSOH also received a copy of your child's birth certificate and an illegible copy of his purported Social Security card.

On September 28, 2016, NYSOH issued a notice indicating the documentation you submitted was insufficient to confirm the information in your application. The notice directed you to submit additional income documentation and extended the deadline to October 15, 2016.

On October 14, 2016 and October 15, 2016, NYSOH received copies of paystubs for you and your spouse.

On October 25, 2016, your account was updated and your child's Marketplace ID, Social Security number, and name was changed. Your family's eligibility was systematically redetermined the same day based on the updated information.

On October 26, 2016, NYSOH issued an eligibility determination notice stating you and your spouse were eligible to enroll in the Essential Plan, for a limited time, effective December 1, 2016. The notice directed you to submit proof of your household's income, by January 23, 2017, to confirm the eligibility of you and your spouse to remain enrolled in the Essential Plan or you might lose your insurance or receive less help paying for coverage.

Also on October 26, 2016, NYSOH issued a notice stating the income information listed in your most recent application did not match information NYSOH obtained from state and federal data sources. The notice directed you to provide proof of your household's income by January 23, 2017. The notice also directed you to provide proof of your child's citizenship status and Social Security number by January 23, 2017 or NYSOH would not be able to determine his eligibility.

On November 6, 2016, NYSOH received copies of paystubs for you and your spouse. NYSOH also received a copy of your child's birth certificate and a legible copy of his Social Security card.

On November 19, 2016, NYSOH issued an eligibility determination notice, based on a November 18, 2016 systematic eligibility redetermination, stating you and your spouse were eligible to receive up to \$699.00 of Advance Payments of the Premium Tax Credit (APTC), effective January 1, 2017. The notice also indicated your child was eligible to enroll in Child Health Plus, for a limited time, with a \$9.00 monthly premium, effective January 1, 2016. The notice directed you to provide proof of your child's citizenship status and Social Security number by

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January 23, 2017 to confirm his eligibility or he might lose his insurance or receive less help paying for his coverage.

On November 25, 2016, NYSOH issued a notice of disenrollment stating the Essential Plan you and your spouse were enrolled in was terminated, effective December 31, 2016, because you were no longer eligible to remain in the plan.

On November 28, 2016, you spoke to NYSOH's Account Review Unit and appealed the November 19, 2016 eligibility determination insofar as your child was not fully eligible to enroll in a Child Health Plus plan prior to January 1, 2016.

On December 15, 2016, NYSOH issued an enrollment confirmation notice, based on your December 14, 2016 plan selection, stating your child was enrolled in a Child Health Plus plan, effective January 1, 2017.

On December 16, 2016, NYSOH issued an eligibility determination notice, based on your December 15, 2016 updated application, stating you and your spouse were eligible to enroll in the Essential Plan, for a limited time, effective January 1, 2017. The notice further stated your child was eligible for Child Health Plus, for a limited time, effective January 1, 2017. The notice directed you to submit proof of your household's income by March 15, 2017 to confirm the eligibility for you and your spouse. Additionally, the notice directed you to provide proof of your child's citizenship status and Social Security number by January 23, 2017. The notice indicated that if the requested documentation was not submitted by the provided deadlines, your family might lose its insurance or receive less help paying for coverage.

On December 31, 2016, the coverage through the Essential Plan you and your spouse were enrolled in was terminated.

On January 10, 2017, NYSOH issued an enrollment confirmation notice, based on your January 9, 2016 plan selection, stating you and your spouse were enrolled in an Essential Plan, effective February 1, 2016.

On January 30, 2017, NYSOH issued an eligibility determination notice stating your child was not eligible to enroll in health coverage through NYSOH, effective February 1, 2017, because NYSOH did not receive valid proof of his citizenship status and Social Security number to confirm the information listed in the application.

On January 31, 2017, NYSOH issued a disenrollment notice stating your child's Child Health Plus plan was terminated, effective January 31, 2017, because he was no longer eligible to enroll in health insurance through NYSOH.

On February 4, 2017, NYSOH issued an eligibility determination notice, based on your February 3, 2017 updated application, stating you and your spouse were

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eligible to enroll in the Essential Plan, for a limited time, effective March 1, 2017. The notice further stated your child was eligible to enroll in Child Health Plus, for a limited time, effective March 1, 2017. The notice directed you to submit proof of your household's income by March 15, 2017 to confirm the eligibility for you and your spouse. Additionally, the notice directed you to provide proof of your child's citizenship status and Social Security number by May 4, 2017. The notice indicated that if the requested documentation was not submitted by the provided deadlines, your family might lose its insurance or receive less help paying for coverage.

On February 4, 2017, NYSOH issued an enrollment notice confirming enrollment for you and your spouse in an Essential Plan as of February 1, 2016. The notice also stated you child was enrolled in a Child Health Plus plan, effective March 1, 2017.

On March 9, 2017, NYSOH corrected a defect in your account and updated your child's Social Security number and Marketplace ID.

On March 10, 2017, NYSOH issued an eligibility determination notice, based on a March 9, 2017 systematic eligibility redetermination, stating you and your spouse were still eligible to enroll in the Essential Plan for a limited time. The notice further stated your child was fully eligible for Child Health Plus, effective April 1, 2107. The notice directed you to provide proof of your household's income by March 15, 2017 to confirm the eligibility for you and your spouse to remain in your plan or you might lose your insurance or receive less help paying for coverage.

Also on March 10, 2017, NYSOH issued a notice indicating the documentation you submitted was not sufficient to confirm the information listed in your application. The notice directed you to submit additional household income information by March 30, 2017 to confirm the eligibility for you and your spouse

Also on March 10, 2017, NYSOH issued a disenrollment notice stating your child's coverage, under the old Marketplace ID [REDACTED] was terminated, effective March 31, 2107, because he was no longer eligible to remain enrolled in the plan.

On March 21, 2017, NYSOH issued an enrollment confirmation notice stating your child, under updated Marketplace ID [REDACTED] was enrolled in a Child Health Plus plan, effective April 1, 2017.

Findings of Fact

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

- 1) You, your spouse, and your child were determined eligible for Medicaid, effective September 1, 2015, and your family enrolled in a Medicaid Managed Care plan.
- 2) Your account confirms your spouse was assigned a Marketplace ID [REDACTED] and your child was assigned a Marketplace ID [REDACTED].
- 3) On July 3, 2016, NYSOH issued a renewal notice directing you to update your account by August 15, 2016 to renew your family's coverage for the upcoming coverage year.
- 4) According to your account, you did not renew your family's insurance coverage by the August 15, 2016 deadline and NYSOH terminated your family's coverage at the end of the 12-month term on August 31, 2016.
- 5) On August 31, 2016, you updated your account and an updated application was submitted on behalf of your family. The application listed your anticipated annual income as \$2,080.00, consisting of \$80.00 paid by one employer every two weeks. The application listed your spouse's anticipated annual income as \$28,600.00, consisting of \$550.00 paid by one employer weekly.
- 6) Following the application, you and your spouse were determined eligible to enroll in the Essential Plan, effective October 1, 2016. However, NYSOH requested proof of your household's income, by September 15, 2016, to verify the income information listed in the application and confirm your child's eligibility.
- 7) You and your spouse enrolled in an Essential Plan with coverage effective October 1, 2016.
- 8) On September 15, 2016, NYSOH received the following documentation:
 - a. A letter from you indicating that NYSOH was not distinguishing between your spouse and your child in notices issued causing confusion. You stated that although your spouse and child have the same name, your spouse is the III and your child is the IV. Additionally, you indicated your child did not have any income [REDACTED].

- b. A copy of your child's birth certificate and an illegible copy of his purported Social Security card [REDACTED].
 - 9) NYSOH invalidated this documentation and requested additional proof to confirm the household's income amount listed in your application. The deadline was extended to October 15, 2016.
 - 10) On October 14, 2016, NYSOH received the following documentation:
 - a. A paystub from [REDACTED] for you dated August 26, 2016 in the gross amount of \$289.00, indicating it was for work on August 2, 2016 to August 4, 2016 and August 10, 2016 to August 12, 2016, with a year-to-date amount of \$2,550.00. The paystub included a handwritten note stating "No work so there was no pay for 9/10/16." [REDACTED].
 - b. A letter from you, dated October 4, 2016, indicating you had faxed documentation of six weeks of your spouse's income because his income at the time of the application was less than usual. Additionally, the letter stated you were a [REDACTED] and had only been paid once "this past month" and that you had no work in between the two paychecks provided [REDACTED].
 - 11) On October 15, 2016, NYSOH received the following documentation:
 - a. Six weekly paystubs for your spouse from [REDACTED] dated August 26, 2016 in the gross amount of \$480.00 with a year-to-date amount of \$20,720.00, dated September 2, 2016 in the gross amount of \$800.00 with a year-to-date amount of \$21,520.00, dated September 9, 2016 in the gross amount of \$800.00 with a year-to-date amount of \$22,320.00, dated September 16, 2016 in the gross amount of \$800.00 with a year-to-date amount of \$23,120.00, dated September 23, 2016 in the gross amount of \$800.00 with a year-to-date amount of \$23,920.00, and dated September 30, 2016 in the gross amount of \$800.00 with a year-to-date amount of \$24,720.00 [REDACTED].
 - b. A paystub for you from [REDACTED] dated September 23, 2016 in the gross amount of \$68.00 indicating it was from work on August 29, 2016 with a year-to-date total of \$2,618.00. The paystub included a handwritten note stating "only pay received for the month of Sept. 2016." [REDACTED].
 - 12) On October 18, 2016, NYSOH receiving the following documentation:

- a. Three weekly paystubs for your spouse from [REDACTED] dated August 5, 2016 in the gross amount of \$800.00 with a year-to-date amount of \$18,640.00, dated August 12, 2016 in the gross amount of \$800.00 with a year-to-date amount of \$19,440.00, and dated August 19, 2016 in the gross amount of \$800.00 with a year-to-date amount of \$20,240.00 [REDACTED].
- 13) According to your account, on October 25, 2016 you contacted NYSOH and your application was updated by a representative. The representative performed an "HX override ID" of your child, changing his Marketplace ID to [REDACTED] and changing his name to [REDACTED]. Your application was also updated by changing the last four digits of your child's Social Security number from [REDACTED].
- 14) You testified the last four digits of your child's Social Security number is [REDACTED].
- 15) An updated application was submitted on your behalf on October 25, 2016 with the changes made to your child's Marketplace ID, name and Social Security number. The income information remained the same.
- 16) According to notes in your account, on October 25, 2016, NYSOH invalidated the income documentation submitted on the grounds the paystubs submitted for your spouse were outdated because they were "all dated outside 30 days of 10/25/2016." The paystubs you submitted were also invalidated on the grounds they were not "proof of consecutive gross income 30 days prior to 10/25/16."
- 17) Following the October 25, 2016 updated application, NYSOH determined you and your spouse were eligible for the Essential Plan, for a limited time, and requested income documentation by January 23, 2017. Additionally, proof of citizenship status and Social Security number was requested for your child by January 23, 2017.
- 18) NYSOH also requested additional income documentation, by November 11 2016, to determine your child eligibly for health coverage.
- 19) On November 6, 2016, NYSOH received the following documents:
 - a. A paystub from [REDACTED] for you dated November 4, 2016 in the gross amount of \$136.00, indicating it was for work on October 12, 2016 and October 18, 2016, with a year-to-date amount of \$2,958.00. There was also a partial paystub for work on October 2, 2016 in the gross amount of \$68.00 with a year-to-date amount of \$2,822.00 [REDACTED].

- b. Four weekly paystubs for your spouse from [REDACTED] dated October 14, 2016 in the gross amount of \$800.00 with a year-to-date amount of \$26,320.00, dated October 21, 2016 in the gross amount of \$800.00 with a year-to-date amount of \$27,120.00, dated October 28, 2016 in the gross amount of \$800.00 with a year-to-date amount of \$27,920.00, and dated November 4, 2016 in the gross amount of \$800.00 with a year-to-date amount of \$28,720.00. Also included were copies of your spouse's driver's license and Social Security card [REDACTED].
 - c. A legible copy of your child's Social Security card and birth certificate [REDACTED].
- 20) According to notes in your account, on November 18, 2016, NYSOH invalidated the citizenship documentation submitted for your child on the ground the birth certificate was insufficient because "An affidavit is required along with a birth certificate."
 - 21) Also on November 18, 2016, NYSOH verified the income documentation submitted for you and your spouse. The income information in your application was systematically updated, based on this documentation. Your listed income was increased to \$2652 and your spouse's income was increased to \$41,600.
 - 22) Based on the updated income information, you and your spouse were determined eligible to receive APTC and your child was determined eligible to enroll in Child Health Plus, for a limited time, effective January 1, 2016. Your child was still required to submit proof of his citizenship status and Social Security number by January 23, 2017 to confirm his eligibility.
 - 23) You and your spouse were disenrolled from your Essential Plan, effective December 31, 2016, because you were no longer eligible to remain in the Essential Plan, based on the November 19, 2016 eligibility determination.
 - 24) On December 15, 2016, you contacted NYSOH and updated the income information listed in your application. You confirmed the annual income calculated for you in the November 18, 2016 application, \$2652.00, was correct. You reduced your spouse's attested income to \$33,600.00.
 - 25) Following the updated application, you and your spouse were determined eligible to enroll in the Essential Plan, for a limited time, effective January 1, 2017. NYSOH requested proof of income, by March 15, 2017, to confirm the income information listed in the December 15, 2016 updated application.
 - 26) You and your spouse were not enrolled into a new Essential Plan until January 9, 2017 for a February 1, 2017 coverage start date.

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- 27) You and your spouse did not have health coverage in January 2017.
- 28) Your child's Child Health Plus plan enrollment was systematically deleted on January 30, 2017. The eligibility determination notice issued indicated NYSOH had not received proof of your child's citizenship status or Social Security number and, therefore, he was not eligible to enroll in health coverage through NYSOH. His coverage ended January 31, 2017.
- 29) You updated your account again on February 3, 2017. Your attested household income remained the same as in the previous December 15, 2017 application.
- 30) You and your spouse were again determined eligible to enroll in the Essential Plan, for a limited time, with proof of income required by March 15, 2016. Your child was determined eligible for Child Health Plus, for a limited time, effective March 1, 2017. Again, your child was required to submit proof of citizenship status and Social Security number by May 4, 2017 to confirm his eligibility.
- 31) Your child was reenrolled in a Child Health Plus plan, effective March 1, 2017.
- 32) Your child was without health coverage for the month of February 2017.
- 33) Notes in your account on March 9, 2017 indicate NYSOH identified a defect in your account and updated the account with your child's correct Social Security number.
- 34) Following this update, your son's Marketplace ID was changed back to [REDACTED] and he was determined fully eligible for Child Health Plus, effective April 1, 2016.
- 35) You and your spouse were directed to submit proof of your household income, by March 30, 2016, to confirm the income information listed in your application.
- 36) On March 10, 2017, NYSOH issued a disenrollment notice stating your child's coverage under [REDACTED] was terminated, effective March 31, 2107.
- 37) Notes in your account on March 20, 2016, under incident tracking # [REDACTED] indicate the following:
 - a. "Consumers child...has multiple HX numbers. [Child] was given the HX number of [REDACTED] that is linked to his ssn number

ending in [REDACTED]. On 10/24/2016 a HX override was performed [sic] for [child] with the wrong SSN ending in [REDACTED] giving him the HX number [REDACTED]. [Child] was then deleted from the account on 03/09/2017 and re-added on the account giving him the original HX number [REDACTED].”

b. “Currently all of [child’s] enrollments are under the HX number - [REDACTED]. Enrolled child in health plan CHP Fidelis. Back office is showing original and correct HX number [REDACTED]. [Child] was disenrolled in his CHP coverage on 01/31/2017- due to lack of citizen and ssn proof which was asked for on 10/25/2016 when SSN was incorrectly changed.”

c. [REDACTED]

- 38) You and your spouse were disenrolled from your Essential Plans, again, effective April 30, 2017, because NYSOH contended it did not receive documentation confirming the income information listed in your application.
- 39) According to your account, you and your spouse were enrolled in an Essential Plan from October 1, 2016 to December 31, 2016. You and your spouse had a gap in coverage for the month of January 2017 and you were reenrolled for February 2017. Additionally, you and your spouse were disenrolled, again, on April 30, 2016.
- 40) According to your account, your child was enrolled in a Child Health Plus plan on January 1, 2107. He was disenrolled on January 31, 2017. He had a gap in coverage for the month of February 2017 and he was reenrolled as of March 1, 2017.
- 41) You testified that at the time of the hearing your spouse had no insurance. Additionally, you testified your child had only been covered for two months since August 2016.
- 42) You testified you were asked to submit proof of your household’s income at the time of the August 31, 2016 application. You testified you submitted the information by the deadline, but NYSOH did not review the documentation until it was outdated and then requested more recent documentation.
- 43) You testified the paystubs you submitted as proof of your income was all the income you received during that time-period. You testified you did not work every week and, therefore, you did not receive paychecks for the weeks you did not work. You testified you provided every paycheck you received from August 2016 to the end of the year.

- 44) You testified your spouse has not had health coverage in 2017. You testified you were advised by your health plan that his enrollment information was submitted incorrectly.
- 45) You testified you are seeking a backdating of your child's health coverage to December 1, 2016 as well as reinstatement of his coverage for the month of February 2017. Additionally, you are seeking reinstatement of coverage for you and your spouse as of January 1, 2017.

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

Applicable Law and Regulations

Child Health Plus - Eligibility

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

A child who meets the eligibility requirements for 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) (NY 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 PHL § 2511(2)(b)).

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in a CHP plan depends upon the child's family household income (NY PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL (NY PHL § 2510(9)(d)(1)). If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (NY PHL § 2510(9)(d)).

The CHP premium is \$9.00 per month for a child whose family household income is between 160% and 222% of the FPL, but no more than \$27.00 per month per family (NY PHL § 2510(9)(d)(ii)).

In an analysis of Child Health Plus eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2016 FPL, which was \$20,160.00 for a three-person household (80 Federal Register 3236, 3237).

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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).

Verification Process

For all individuals whose income is needed to calculate the household’s eligibility, the Marketplace must request data 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)).

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR

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§ 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2015 FPL, which is \$20,090 for a three-person household (80 Federal Register 3236, 3237).

A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

The Essential Plan is considered minimum essential coverage therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax credit because they are eligible for minimum essential coverage through the individual market (see 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

Legal Analysis

The first issue is whether NYSOH properly determined your child's Child Health Plus coverage was effective no earlier than January 1, 2017.

On August 31, 2016, NYSOH received your family's updated application for financial assistance with health insurance. The application listed your household's anticipated annual income as \$30,680.00, consisting of \$2,080.00 you earn from your part-time job and \$28,600.00 your spouse earns from his employment.

Pursuant to the above cited regulation, for all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income. 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.

NYSOH issued a notice on September 1, 2016 stating more information was required to confirm eligibility for your child. The notice directed you to provide proof of your household's income, by September 15, 2016. In response, you submitted a letter indicating your child did not have any income. NYSOH invalidated this document and requested documentation to verify the household's

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income amount listed in the August 31, 2016 application to confirm your child's eligibility. The deadline was extended to October 15, 2016.

On October 14, 2016 and October 15, 2016 NYSOH received two paystubs from your employer dated August 26, 2016 and September 3, 2016. The latter paystub included a year-to date amount of \$2,618.00. You also included a letter from you, dated October 4, 2016, stating you were a [REDACTED] and had only been paid once "this past month" and that you had no work in between the two paychecks provided. You also submitted six consecutive weekly paystubs from your spouse's employer for the period of August 26, 2016 to September 30, 2016. All but your spouse's August 26, 2016 paystubs listed a gross weekly amount of \$800. Your spouse's September 30, 2016 paystub included a year-to-date amount of \$24,720.00.

According to your account, on October 25, 2016 you contacted NYSOH and your application was updated by a representative. During, or because of, this update, your child's Marketplace ID, name, and Social Security number were inaccurately changed. Your attested income information remained the same.

Following the October 25, 2016 changes to your account, NYSOH systematically redetermined your family's eligibility based on the updated but erroneous information. The "system" determined this was a new application and, notwithstanding the income information remaining the same as in the previous application, invalidated the income documents submitted, because they were not dated within 30 days of the most recent application. This was improper.

As of October 15, 2016, you submitted six consecutive weekly paystubs for your spouse within 30 days of the August 31, 2016 application. This documentation establishes your spouse earned \$800.00 gross weekly, and as of September 30, 2016 had earned year-to-date \$24,720.00. Based on this information, it is concluded your spouse earned \$800.00 gross weekly for the remaining 13 weeks in 2016, or \$10,400.00. Accordingly, based on this evidence, your spouse earned \$35,120.00 in 2016.

With regard to your income, although as of October 15, 2016 you had only submitted two "non-consecutive" paystubs, the letter from you dated October 4, 2016 indicates you had no additional income between the paystubs submitted because there was no work available. This is easily corroborated by the year-to-date amounts listed on the paystubs submitted showing no additional income between the August 26, 2016 paystub and the September 23, 2016 paystub. Accordingly, this documentation was sufficient evidence of your year-to-date income, \$2,618.00, within 30 days of the August 31, 2016 application. As such it is concluded that NYSOH improperly invalidated this documentation.

As you had provided sufficient income documentation on October 15, 2016, within the deadline for same, your child's eligibility should have been determined as of that date.

As discussed above, the income documentation submitted by October 15, 2016 established your spouse earned \$35,120.00 in gross income in 2016. The income documentation you submitted by October 15, 2016 established you earned \$2,618.00 as of September 23, 2016. It is noted that while this documentation was sufficient at the time it was submitted, later documentation submitted indicated you had additional income and your year-to-date income as of October 18, 2016 was \$2,958.00. Accordingly, the evidence establishes your household's income for 2016 was \$38,078.00.

A child is eligible to enroll in Child Health Plus if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL. Households with an income between 160% and 222% of the FPL are responsible for a \$9.00 per month Child Health Plus premium payment. On the date of your application, the relevant FPL was \$20,160.00 for a three-person household. Since \$38,078.00 is 188.88% of the 2016 FPL, your child was eligible for Child Health Plus with a \$9.00 per month premium payment based on the \$38,078.00 household income amount derived from the evidence.

Pursuant to the regulations, 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 discussed above, the income documentation submitted by October 15, 2016 was sufficient to determine your household's income and, therefore, your application was deemed complete on that date. The evidence confirms your child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium as of October 15, 2016. Had you been permitted to select a plan for enrollment on this date, the plan would have become effective the first day of the following month; that is November 1, 2016. It is assumed you would have selected the same plan for your child if permitted to select a plan on October 15, 2016 as you did when you selected a plan for him on December 15, 2016.

Accordingly, the December 15, 2016 enrollment confirmation is MODIFIED to reflect your child was enrolled in his Child Health Plus plan, effective November 1, 2016.

The second issue is whether NYSOH properly determined your child was no longer eligible for health insurance through NYSOH, effective February 1, 2017.

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).

As discussed above your child was fully eligible to enroll in Child Health Plus, effective November 1, 2016.

On October 25, 2016, you contacted NYSOH and your application was updated by a representative. During, or because of, this update, your child's Marketplace ID was changed from [REDACTED] to [REDACTED]. His name was changed to [REDACTED] and his Social Security number was changed in the application from last four digits of [REDACTED].” You testified the last four digits of your child's Social Security number are [REDACTED].”

Following this update, your child was required to submit proof of his citizenship status and Social Security number by January 23, 2017.

The eligibility determination notice issued on November 19, 2016 indicated your child's eligibility to enroll in Child Health Plus was only for a limited time, contingent on you submitting proof of his citizenship status and Social Security number by January 23, 2017. Although you submitted a copy of your child's birth certificate and Social Security card on November 6, 2016, NYSOH invalidated this documentation on the ground the birth certificate was insufficient because “An affidavit is required along with a birth certificate.”

Your child's Child Health Plus plan enrollment was systematically deleted on January 30, 2017. The eligibility determination notice issued indicated NYSOH had not received proof of your child's citizenship status or Social Security number and, therefore, he was not eligible to enroll in health coverage through NYSOH. His coverage ended January 31, 2017. It is concluded this was improper.

Pursuant to notes made to your account on March 20, 2016, NYSOH acknowledges a defect existed in your account. Moreover, NYSOH acknowledged that updates made to your account on October 24, 2016, including updating your account with your child's incorrect Social Security number and assigning an additional Marketplace ID, were in error. The notes acknowledge that the errors on October 24, 2016 caused your child to be disenrolled from his plan on January 31, 2017. Given this admission it is concluded NYSOH improperly disenrolled your child from his Child Health Plus plan on January 31, 2017.

Furthermore, although it is concluded it was improper for NYSOH to request proof of your child's citizenship status and Social Security number to confirm his eligibility, based on errors made by NYSOH, you did provide your child's birth certificate and Social Security card to NYSOH on November 6, 2016. It is concluded this was sufficient evidence of your child's Social Security number and citizenship status, provided prior to the deadline for same, and, therefore, your child again should not have been disenrolled for failure to provide the requested documentation.

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Accordingly, the January 30, 2017 eligibility determination notice stating your child was no longer eligible for health insurance through NYSOH, effective February 1, 2017, was not correct and must be RESCINDED

Additionally, the January 31, 2016 disenrollment notice stating your child's coverage through his Child Health Plus plan was terminated, effective January 31, 2017, was not correct and must be RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child in his Child Health Plus plan for the month of February 2017.

Regarding the third issue, the appeal request filed on your behalf on November 28, 2016 indicated you were appealing your child's coverage start date in his Child Health Plus plan. During the hearing, you testified that the issues causing the delay in your child's eligibility determination, i.e. a failure of NYSOH to properly verify the income documentation submitted, also caused you and your spouse to be disenrolled from your Essential Plan on December 31, 2016. Accordingly, the issue under appeal was amended to include a review of whether NYSOH properly determined you and your spouse were no longer eligible to enroll in the Essential Plan, effective December 31, 2016

As discussed above, you provided sufficient proof of your household's income on October 15, 2016. NYSOH improperly invalidated this documentation because it deemed a systematic redetermination on October 25, 2016, triggered by erroneous updates made to the account, to be a new application and determined the income documentation was outdated because it was not dated within 30 days of this "new application." As a result, you were directed to submit additional proof of your household's income.

On November 6, 2016, you uploaded additional paystubs for you and your spouse. This documentation was validated on November 18, 2016. However, NYSOH systematically updated the income information in your application, based on this documentation. Your listed income was increased to \$2652 and your spouse's income was increased to \$41,600. NYSOH redetermined the eligibility of you and your spouse the same day based on this updated income amount and determined you were no longer eligible for the Essential Plan. As a result, NYSOH issued a notice on November 25, 2016, NYSOH stating the Essential Plan coverage for you and your spouse was terminated, effective December 31, 2016, because you were no longer eligible to remain in the plan.

Since you had provided sufficient income documentation as of October 15, 2016 you should not have been required to submit additional documentation. Furthermore, the systematic application update on November 18, 2016 was not correct because it is not supported by the evidence. The "system" increased your spouse's income to \$41,600; however, the year-to-date amounts listed on the paystubs submitted establish this is not accurate. As discussed above, the

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documentation submitted establishes your spouse's gross income for 2016 was \$35,120.00 and your household income was \$38,078.00.

You are in a three-person household. You expect to file your 2016 income taxes as married filing jointly and will claim one dependent on that tax return.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$20,090.00 for a three-person household. Since an annual household income of \$38,078.00 is 189.54% of the 2015 FPL, you and your spouse were eligible for the Essential Plan based on the income documentation submitted on October 15, 2016.

Since the November 19, 2016 eligibility determination finding you and your spouse eligible to receive APTC and ineligible to enroll in the Essential Plan, based on inaccurate income information, is not correct and must be RESCINDED as to the eligibility determination for you and your spouse.

The November 25, 2016, notice of disenrollment stating the Essential Plan you and your spouse were enrolled in was terminated, effective December 31, 2016, because you were no longer eligible to remain in the plan, is not supported by the record and must be RESCINDED.

Your case is RETURNED to NYSOH to reinstate you and your spouse in your Essential Plan for the month of January 2017.

Decision

The December 15, 2016 enrollment confirmation is MODIFIED to reflect your child was enrolled in his Child Health Plus plan, effective November 1, 2016.

The January 30, 2017 eligibility determination notice is RESCINDED

The January 31, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child in his Child Health Plus plan for the month of February 2017.

The November 19, 2016 eligibility determination notice is RESCINDED as to the eligibility determination for you and your spouse.

The November 25, 2016, notice of disenrollment is RESCINDED.

Your case is RETURNED to NYSOH to reinstate you and your spouse in your Essential Plan for the month of January 2017.

Your case is RETURNED to NYSOH to investigate whether errors and/ or defects in your account negatively impacted your spouse's health coverage in 2017. Additionally, NYSOH is directed to distinguish between your spouse and your child with the appropriate suffixes in all future correspondence. Finally, absent evidence of a change in household income, NYSOH is directed to determine eligibility based on the household income as determined in this decision.

Effective Date of this Decision: May 8, 2017

How this Decision Affects Your Eligibility

The effective date of your child's Child Health Plus plan is November 1, 2016.

Your case is being sent back to NYSOH to ensure your child's Child Health Plus coverage is reinstated for the month of February 2017 so he does not have a gap in coverage.

Your case is being sent back to NYSOH to ensure you and your spouse are reinstated in your Essential Plan for the month of January 2017.

Your case is RETURNED to NYSOH to investigate whether errors and/ or defects in your account negatively impacted your spouse's health coverage in 2017. Additionally, NYSOH is directed to distinguish between your spouse and your child with the appropriate suffixes in all future correspondence. Finally, absent evidence of a change in household income, NYSOH is directed to determine eligibility based on the household income as determined in this decision.

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.

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).

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
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 15, 2016 enrollment confirmation is MODIFIED to reflect your child was enrolled in his Child Health Plus plan, effective November 1, 2016.

The January 30, 2017 eligibility determination notice is RESCINDED

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 January 31, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child in his Child Health Plus plan for the month of February 2017.

The November 19, 2016 eligibility determination notice is RESCINDED as to the eligibly determination for you and your spouse.

The November 25, 2016, notice of disenrollment is RESCINDED.

Your case is RETURNED to NYSOH to reinstate you and your spouse in your Essential Plan for the month of January 2017.

Your case is RETURNED to NYSOH to investigate whether errors and/ or defects in your account negatively impacted your spouse's health coverage in 2017. Additionally, NYSOH is directed to distinguish between your spouse and your child with the appropriate suffixes in all future correspondence. Finally, absent evidence of a change in household income, NYSOH is directed to determined eligibility based on the household income as determined in this decision.

The effective date of your child's Child Health Plus plan is November 1, 2016.

Your case is being sent back to NYSOH to ensure your child's Child health Plus coverage is reinstated for the month of February 2017 so he does not have a gap in coverage.

Your case is being sent back to NYSOH to ensure you and your spouse are reinstated in your Essential Plan for the month of January 2017.

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।

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).

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&etumi ama wo obi a okyerE 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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