



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

Notice of Decision

Decision Date: April 06, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014131

[REDACTED]

Dear [REDACTED],

On March 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 15, 2016 eligibility determination and November 9, 2016 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.

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: April 06, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014131

[REDACTED]

Issue

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

Did the NY State of Health (NYSOH) properly determine that your youngest child's enrollment in her Child Health Plus (CHP) plan was effective December 1, 2016?

Procedural History

On June 3, 2016, NYSOH issued a notice stating that it was time to renew your youngest child's health insurance coverage. 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 her health coverage, and that you needed to update your account by July 15, 2016, or she might lose the financial assistance she was currently receiving.

On June 24, 2016, you updated your NYSOH account.

On June 25, 2016, NYSOH issued a notice of eligibility determination stating that your youngest child was no longer eligible for Medicaid, but that her coverage would continue until September 30, 2016. The notice further stated that you needed to come back between August 16, 2016 and September 15, 2016 to update your account to determine her eligibility for coverage.

On August 16, 2016, NYSOH issued a notice stating that it was time to renew your youngest child's health insurance coverage. That notice stated that, based on information from federal and state sources, NYSOH could not make a

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).

decision about whether your child would qualify for financial help paying for her health coverage, and that you needed to update your account by September 15, 2016, or she might lose the financial assistance she was currently receiving.

On September 6, 2016, you updated your NYSOH account.

On September 7, 2016, NYSOH issued a notice stating that your September 6, 2016 application had been reviewed, but that more information was needed to make a determination as to your youngest child's eligibility. The notice directed you to submit documentation of her income by September 21, 2016, and documentation of your and your spouse's income by December 5, 2016.

Also on September 7, 2016, NYSOH issued a disenrollment notice stating that your youngest child's enrollment in her Medicaid Managed Care plan was ending effective September 30, 2016.

On September 13, 2016, documentation was uploaded to your NYSOH account.

On September 22, 2016, NYSOH issued a notice stating that the documentation you provided was insufficient to confirm the information in your application. The notice stated that you needed to provide documentation of your and your spouse's income by December 5, 2016, and documentation of your youngest child's income by October 21, 2016.

On October 4 and 7, 2016, documentation was uploaded to your NYSOH account.

On October 15, 2016, NYSOH issued a notice of eligibility determination stating that your youngest child was eligible to enroll in CHP with no monthly premium, effective November 1, 2016.

On November 9, 2016, NYSOH issued a notice of enrollment confirmation stating that your youngest child was enrolled in a CHP plan, and that her enrollment in the plan would start on December 1, 2016.

On December 19, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your youngest child's CHP eligibility and plan, insofar as they did not begin October 1, 2016.

On March 16, 2017, 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 submitted an updated application to NYSOH for financial assistance on September 6, 2016.
- 2) The September 6, 2016 application indicated that you did not have any income, and that your spouse had \$30,000.00 in earned income and \$3,700.00 in unemployment insurance benefits.
- 3) You testified that you called NYSOH in September 2016 after you updated your application because you got a notice saying that you needed to submit more information, and you did not know what you needed to submit.
- 4) You testified that you provided income documentation in September 2016.
- 5) Your NYSOH account reflects that you uploaded the following documentation to your NYSOH account on September 13, 2016:
 - a. A letter dated June 30, 2014 stating that you worked for an employer until December 3, 2012, and that you voluntarily separated from that employment (Document [REDACTED]);
 - b. Four consecutive weekly paystubs for your husband dated: August 19, 2016, August 26, 2016, September 2, 2016, and September 9, 2016 (Documents [REDACTED], [REDACTED], [REDACTED], and [REDACTED]).
- 6) You testified that when you called NYSOH in September 2016, you were told that you were all set, and that you did not need to do anything further, and that your youngest child would have coverage as of October 1, 2016.
- 7) NYSOH issued a notice on September 22, 2016 stating that the documentation you submitted was not sufficient, but it did not state specifically how or why.
- 8) You testified that, in October 2016, you took your youngest child to the doctor and found out that she did not have insurance coverage, so you called NYSOH again.
- 9) You testified that you were told by the NYSOH representative that you needed to submit documentation of your spouse's unemployment insurance benefits (UIB) from [REDACTED].
- 10) You testified that this was the first time anyone told you that you needed to submit this documentation.

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).

- 11) On October 4, 2016, you re-uploaded the letter from your former employer to your NYSOH account, and you also uploaded a one-page handwritten statement which indicated that you have not had any income since December 3, 2012, and that your children do not have income (Document [REDACTED]).
- 12) On October 7, 2016, you uploaded a screen shot of a Benefit Payment History for your spouse showing the UIB payments he received in 2016, and that his last payment was April 4, 2016 (Document [REDACTED]).
- 13) You testified that your spouse was not currently receiving UIB at the time that you updated your application. You testified that he is a seasonal worker, so he receives UIB for a few months every year when he is not working, and he had received it from January to April 2016.
- 14) You testified that you were again told that everything was all set when you called NYSOH in October 2016, but that, when you took your child to the doctor in November 2016, she still did not have coverage.
- 15) You testified that the whole process was very frustrating because you spoke with NYSOH several times, and were told that everything was all set, and it wasn't until November 8, 2016 that you were told you hadn't confirmed and checked out your child's plan.
- 16) You testified that you have medicals bills from the months your child was without coverage, and that you have been making small payments on them.
- 17) You testified that you believe your child's coverage should begin October 1, 2016 because you did everything that you needed to do and submitted all the appropriate documentation.
- 18) After the hearing, the Hearing Officer requested the recordings of any phone conversations you had with NYSOH in September and October 2016. Recordings were found for September 13, 2016, October 6, 2016, and October 14, 2016, and those recordings were listened to in their entirety. The following findings of fact are taken from the September 13, 2016 recording:
 - a. September 13, 2016 recording:
 - i. You told the NYSOH representative that you were calling because the NYSOH website was showing that you were enrolled and had an October 1, 2016 start date, but you received a letter stating that you needed to submit income documentation;

- ii. You informed the NYSOH representative that you had uploaded income documentation for yourself and your spouse earlier that day;
- iii. The NYSOH representative told you that the documentation you submitted should be enough, but that you might have to submit a letter stating that your youngest daughter does not have any income of her own;
- iv. You told the NYSOH representative that you would enroll your youngest child in a Fidelis plan, as you could see on your computer that that was the only plan option available to her;
- v. The NYSOH representative told you that you should be all set, and that your coverage and your child's coverage would begin as of October 1, 2016.

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

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)).

Child Health Plus Start Date

The “period of eligibility” for CHP 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 CHP 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 issue under review is whether NYSOH properly determined that your youngest child’s enrollment in her CHP plan was effective December 1, 2016.

You updated your NYSOH application on September 6, 2016. The income that you listed was below the Medicaid income limit for your youngest child, so NYSOH issued a notice on September 7, 2016 stating that income documentation was necessary in order to determine whether your child was eligible for Medicaid, or whether she was eligible for some other level of financial assistance.

On September 13, 2016, you uploaded a letter from your former employer to show that you last worked in 2012, and you uploaded four consecutive weekly paystubs for your spouse from August and September 2016.

Also on September 13, 2016, you called NYSOH to clarify whether you needed to do anything else, as NYSOH’s website was telling you that you were enrolled, but you had received the September 7, 2016 notice telling you that you needed to submit documentation. The NYSOH representative reviewed your account and

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).

said that the documentation you had submitted should be enough, and that you might just have to submit a letter stating that your one-year old child had no income. You then discussed with the NYSOH representative that you would enroll your youngest child in a Fidelis plan. The NYSOH representative confirmed with you that your coverage, and your child's coverage would start on October 1, 2016.

Since you were told by the NYSOH representative you spoke with on September 13, 2016 that the documentation you uploaded should be sufficient to prove your household income, and since NYSOH's September 22, 2016 notice did not contain any specific information regarding how the documentation you submitted was insufficient, your application is deemed to be complete as of September 13, 2016, when you uploaded the four consecutive paystubs for your husband and the letter stating that you had no income.

Since NYSOH did not validate the documentation you submitted on September 13, 2016, and did not inform you why your documentation was insufficient, your child's application for coverage was delayed. Moreover, once an eligibility determination was issued, NYSOH did not input the plan selection you had discussed with a NYSOH representative on September 13, 2016. Had the application been accepted and processed on September 13, 2016, your Fidelis plan selection could also have been completed that day.

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.

If your stated plan selection had gone through on September 13, 2016, when you spoke with the NYSOH representative, your youngest child would have had an October 1, 2016 start date.

For this reason, the October 15, 2016 eligibility determination is MODIFIED to state that your youngest child was eligible for CHP with a \$0.00 monthly premium, effective October 1, 2016.

Additionally, the November 9, 2016 enrollment confirmation notice is MODIFIED to stated that your youngest child's enrollment in her CHP plan began on October 1, 2016.

Your case is RETURNED to NYSOH to backdate your youngest child's CHP plan coverage to October 1, 2016.

Decision

The October 15, 2016 eligibility determination notice is MODIFIED to state that your youngest child was eligible for CHP with a \$0.00 monthly premium, effective October 1, 2016.

The November 9, 2016 enrollment confirmation notice is MODIFIED to state that your youngest child's enrolment in her CHP plan began on October 1, 2016.

Your case is RETURNED to NYSOH to backdate your youngest child's CHP plan coverage and enrollment to October 1, 2016.

Effective Date of this Decision: April 06, 2017

How this Decision Affects Your Eligibility

Your youngest child was eligible for CHP as of October 1, 2016.

The effective date of your youngest child's CHP plan should have been October 1, 2016.

Your case is being sent back to NYSOH to backdate your youngest child's CHP plan enrollment to October 1, 2016.

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.

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:

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).

- 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 October 15, 2016 eligibility determination notice is MODIFIED to state that your youngest child was eligible for CHP with a \$0.00 monthly premium, effective October 1, 2016.

The November 9, 2016 enrollment confirmation notice is MODIFIED to state that your youngest child's enrolment in her CHP plan began on October 1, 2016.

Your case is RETURNED to NYSOH to backdate your youngest child's CHP plan coverage and enrollment to October 1, 2016.

Your youngest child was eligible for CHP as of October 1, 2016.

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 effective date of your youngest child's CHP plan should have been October 1, 2016.

Your case is being sent back to NYSOH to backdate your youngest child's CHP plan enrollment to October 1, 2016.

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.

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).