



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

Notice of Decision

Decision Date: March 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014268

[REDACTED]

Dear [REDACTED],

On March 6, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's December 23, 2016 eligibility determination notice and enrollment confirmation 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 Account ID at the top of this notice.

Legal Authority

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).

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

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Issues

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

Did NY State of Health provide a timely determination of your children's eligibility as of December 23, 2016?

Did NY State of Health properly determine your children's enrollment in their Child Health Plus plan was effective February 1, 2017?

Procedural History

On November 23, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your November 17, 2015 application, stating that your children were eligible for Child Health Plus effective January 1, 2016. Your children were subsequently enrolled in a Child Health Plus plan.

On October 19, 2016, NYSOH issued a notice that it was time to renew your children's health insurance for 2017. That notice stated that NYSOH did not have enough information from state and federal data sources to determine whether or not your children qualified for financial help paying for their coverage. The notice asked that you update the information in your account by December 15, 2016 or the financial assistance your children were receiving may end.

You updated your application on December 8, 2016.

On December 9, 2016, NYSOH issued a notice stating the income information in your application does not match what NYSOH received from state and federal data sources. You were asked to provide proof of your income by December 23, 2016.

Also on December 9, 2016, a notice was issued stating your children's Child Health Plus plan would end effective December 31, 2016. The notice stated this was because they were no longer eligible to enroll in their current health plan.

You updated your application on December 14, 2016.

On December 15, 2016, NYSOH issued a notice stating the income information in your application does not match what NYSOH received from state and federal data sources. You were asked to provide proof of your income by January 7, 2017.

On December 22, 2016, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating that your children were eligible for Child Health Plus effective February 1, 2017, and you reenrolled your children into a Child Health Plus plan.

Also on December 22, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's Child Health Plus plan insofar as they did not have coverage for the month of January, 2017.

On December 23, 2016, NYSOH issued a notice of eligibility determination, based on your December 22, 2016 application, stating that your children were eligible to enroll in Child Health Plus, effective February 1, 2017.

Also on December 23, 2016, NYSOH issued a notice of enrollment, based on your plan selection on December 22, 2016, stating that your children were enrolled in a Child Health Plus plan and that coverage would start on February 1, 2017.

On March 6, 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 testified that you are only appealing your two children's enrollment start date of their Child Health Plus plan, requesting that it begin January 1, 2017, and not February 1, 2017.

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- 2) You testified you are not seeking that your children be found eligible for Medicaid.
- 3) On December 8, 2016 NYSOH received your children's updated application for financial assistance for 2017 coverage.
- 4) On the December 8, 2016, and December 14, 2016 applications you attested to a household income of \$0.00. You testified you provided this amount because you were not sure what your husband's annual income would be as he is an independent contractor and his income varies from month to month.
- 5) On December 22, 2016 NYSOH received your updated application which included your spouse's expected annual income of \$57,000.00, and Child Health Plus plan selection.
- 6) You testified you were aware you needed to provide income documentation by a NYSOH representative in order for your children to be found eligible for Medicaid.
- 7) You never provided income documentation to verify your household income for Medicaid.
- 8) Your application states that you will not be taking any deductions on your 2017 tax return.
- 9) You testified you incurred medical costs in the amount of \$120.00 for a visit your child had to a physician in January 2017.
- 10) Your application states that you live in [REDACTED] County.

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 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 Public Health Law § 2511(2)(a)(iii)).

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To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY Public Health Law § 2511(2)(a)-(e)).

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 \$15.00 per month for a child whose family household income is between 223% and 250% of the FPL, but no more than \$54.00 per month per family (NY PHL § 2510(9)(d)(iii)).

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 \$24,300.00 for a four-person household (81 Fed. Reg. 4036).

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).

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH 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) 42 CFR § 435.952).

Timely Notice of Eligibility

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).

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

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

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Legal Analysis

The first issue is whether NYSOH provided you with a timely determination of your children's eligibility as of December 23, 2016.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH 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.

You updated your NYSOH account on December 8, 2016, and December 14, 2016. The income amounts that were entered into those applications did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

The record shows you never provided income documentation to proof the income amount you provided in your application. You testified this was correct.

Therefore, your application was not considered complete for purposes of issuing an eligibility determination.

NYSOH must provide applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on December 23, 2016 based on a complete application. Since NYSOH was not provided with the requested income documentation in order to confirm your household's income in your previous applications, the December 23, 2016 eligibility determination notice was timely and is AFFIRMED.

The second issue is whether NYSOH properly determined that your children's enrollment in their Child Health Plus plan was effective February 1, 2017.

The record indicates that on December 22, 2016 you updated your NYSOH account and submitted an updated application for your children. You testified you updated the income amount in that application to reflect your spouse's new annual expected income of \$57,000.00.

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.

Since your children's enrollment was submitted on December 22, 2016, their plan properly began the first day of the second following month after December; that is February 1, 2017.

Therefore, the December 23, 2016 enrollment confirmation notice stating that your children's enrollment in their Child Health Plus plan was effective February 1, 2017, is correct and must be AFFIRMED.

Decision

The December 23, 2016 eligibility determination notice was timely and is AFFIRMED.

The December 23, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 10, 2017

How this Decision Affects Your Eligibility

This decision does not affect your children's eligibility.

Your children's enrollment in their Child Health Plus plan is 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).

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:
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 23, 2016 eligibility determination notice was timely and is **AFFIRMED**.

The December 23, 2016 enrollment confirmation notice is **AFFIRMED**.

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This decision does not affect your children's eligibility.

Your children's enrollment in their Child Health Plus plan is February 1, 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

