



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

Notice of Decision

Decision Date: March 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014363

[REDACTED]

Dear [REDACTED]

On March 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 24, 2016 eligibility determination and December 28, 2016 eligibility determination and enrollment 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).

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Decision

Decision Date: March 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014363

[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 child's enrollment in his Child Health Plus plan was effective February 1, 2017?

Did NYSOH properly determine that your domestic partner was eligible for an advance premium tax credit of up to \$231.00 per month and, if he selected a silver-level plan, eligible for cost-sharing reductions, and not eligible for Medicaid, effective February 1, 2017?

Procedural History

On October 6, 2016, NYSOH issued a renewal notice advising you that your family's Medicaid coverage through [REDACTED] Department of Social Services would end effective December 31, 2016. The notice stated that a NYSOH account had been created for you and advised you to log into your account between November 16, 2016 and December 15, 2016 to complete your renewal process for anyone in your family who needs health coverage.

On November 22, 2016, NYSOH redetermined your eligibility.

On November 23, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid and that your domestic partner was eligible to enroll in the Essential Plan for a limited time. However, no determination was issue with respect to your child's eligibility.

Also on November 23, 2016, NYSOH issued a notice stating that the information provided in your November 22, 2016 application did not match what NYSOH received from state and federal sources. You were request to provide additional income documentation to confirm the eligibility for members of your household; specifically, income documentation for your domestic partner by February 20, 2017, and income documentation for your child by December 7, 2016. The notice cautioned that if you missed the due date, NYSOH would not be able to determine your household's eligibility for health coverage.

On December 2, 2016, NYSOH received (1) a letter by your domestic partner stating that he was financially responsible for your child and (2) two earning statements issued to your domestic partner by his employer, [REDACTED] on November 3, 2016 and November 17, 2016. These documents were posted to your NYSOH account on December 7, 2016.

On December 23, 2016, NYSOH redetermined your eligibility based on the information in your account as of December 23, 2016.

On December 24, 2016, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid, effective December 1, 2016. The notice also stated that your domestic partner was eligible for advance payments of the premium tax credit (APTC) of up to \$231.00 per month and, if you selected a silver-level plan, eligible for cost-sharing reductions (CSR), effective February 1, 2017. Finally, the notice stated that your child was eligible for Child Health Plus (CHP) with a \$9.00 premium per month, effective February 1, 2017.

On December 27, 2016, NYSOH received two updates to your application for health insurance. In response to the final update to your application that day, NYSOH prepared a preliminary eligibility determination stating that you were eligible for Medicaid, effective December 1, 2016; your domestic partner was eligible for an APTC of up to \$231.00 per month and, if you selected a silver-level plan, eligible for CSR, effective February 1, 2017; and, your child was eligible for CHP with a \$9.00 premium per month, effective February 1, 2017.

Also on December 27, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP plan insofar as it began on February 1, 2017, rather than January 1, 2017. You also requested an appeal insofar as your domestic partner was not found eligible for Medicaid.

On March 7, 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 support the following findings of fact:

- 1) You testified that you are appealing only your child's eligibility.
- 2) You testified that you were no longer seeking to appeal your domestic partner's eligibility because he had subsequently been found eligible for Medicaid.
- 3) You testified, and the record reflects, that your family had been enrolled in Medicaid through [REDACTED] Department of Social Services until December 31, 2016.
- 4) On November 23, 2016, NYSOH issued a notice requesting income documentation for your domestic partner and child. The notice stated that you needed to provide income documentation by December 7, 2016 in order for his eligibility to be determined.
- 5) You testified, and the record reflects, that on December 2, 2016 you provided to NYSOH (1) a letter by your domestic partner stating that he was financially responsible for your child and (2) two earning statements issued to your domestic partner by his employer, [REDACTED], Inc., on November 3, 2016 and November 17, 2016. These documents were posted to your NYSOH account on December 7, 2016, and verified as acceptable documentation on December 23, 2016.
- 6) Your child's eligibility was redetermined on Decembers 23, 2016, and found eligible for CHP, effective February 1, 2017.
- 7) You testified, and the record reflects, that you enrolled your child into a CHP plan on December 27, 2016.
- 8) You testified that you need your child's CHP plan to begin on January 1, 2017 because you incurred medical expenses as a result of his coverage not starting until February 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 - Generally

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) (New York Public Health Law (NY PHL) § 2511(2)(a)(iii)).

To be eligible for CHP, 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 PHL § 2511(2)(a)-(e)).

Child Health Plus – Income Verification

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant's household income. If NYSOH is unable to verify the applicant's household income using available data sources, then NYSOH must request additional information from the applicant. NYSOH must provide the applicant with a reasonable period to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

Child Health Plus Start Date

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

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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 first issue is whether NYSOH properly determined that your child's enrollment in his CHP plan was effective February 1, 2017.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH. When an application requests financial assistance, NYSOH must verify an applicant's household income.

If NYSOH cannot verify the household income attested to by the applicant through available data sources, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with reasonable time to provide documentation or information to resolve that inconsistency.

The November 23, 2016 notice explained that NYSOH was unable to confirm the information in your application with state and federal data sources and you were directed to provide additional income documentation before December 7, 2016, to confirm your child's eligibility.

On December 2, 2016, you provided to NYSOH (1) a letter by your domestic partner stating that he was financially responsible for your child and (2) two earning statements issued to your domestic partner by his employer, [REDACTED], on November 3, 2016 and November 17, 2016. These documents were posted to your NYSOH account on December 7, 2016, and verified as acceptable documentation on December 23, 2016.

Because of the income documentation you provided on December 23, 2016, NYSOH found your child eligible for CHP with a \$9.00 premium per month, effective February 1, 2017. The record reflects that you enrolled your child in a CHP plan on December 27, 2016, which resulted in his CHP coverage beginning effective February 1, 2016.

Since the record reflects that you timely provided the requested income documentation prior to the deadline set by NYSOH, his eligibility should have been determined as of December 2, 2016, when it was provided to NYSOH, rather than on December 23, 2016, when it was ultimately reviewed and verified by a NYSOH representative.

Therefore, the December 24, 2016 and December 28 eligibility determinations are MODIFIED to state that your child was eligible for CHP with a \$9.00 premium per month, effective January 1, 2017.

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.

Furthermore, since we may reasonably infer that you would have selected a CHP plan for your child upon having been found eligible for coverage under that program, or December 2, 2016, the December 28, 2016 enrollment notice is MODIFIED to state that your child CHP plan enrollment began effective January 1, 2017.

The second issue under review is whether your domestic partner was eligible for an APTC of up to \$231.00 per month, eligible for CSR, and not eligible for Medicaid, effective February 1, 2017.

You testified that you were no longer seeking to appeal your domestic partner's eligibility since he had subsequently been found eligible for Medicaid.

Accordingly, NYSOH Appeals Unit will not review your appeal with respect to this issue.

Decision

The December 24, 2016 and December 28 eligibility determinations are MODIFIED to state that your child was eligible for CHP with a \$9.00 premium per month, effective January 1, 2017.

The December 28, 2016 enrollment notice is MODIFIED to state that your child CHP plan enrollment began effective January 1, 2017.

NYSOH Appeals Unit will not review your appeal with respect to the issue of your domestic partner's eligibility since you provided sworn testimony that you were no longer seeking to proceed with that specific issue since he had been subsequently found eligible for Medicaid.

Effective Date of this Decision: March 27, 2017

How this Decision Affects Your Eligibility

The effective date of your child's CHP plan coverage is January 1, 2016.

Please note, however, that this Decision will not affect any subsequent determination issued by NYSOH on or after December 28, 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:

- 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 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 Have Questions about this Decision (Customer Service Resources):

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

Summary

The December 24, 2016 and December 28 eligibility determinations are MODIFIED to state that your child was eligible for CHP with a \$9.00 premium per month, effective January 1, 2017.

The December 28, 2016 enrollment notice is MODIFIED to state that your child CHP plan enrollment began effective January 1, 2017.

NYSOH Appeals Unit will not review your appeal with respect to the issue of your domestic partner's eligibility since you provided sworn testimony that you were no longer seeking to proceed with that specific issue since he had been subsequently found eligible for Medicaid.

The effective date of your child's CHP plan coverage is January 1, 2016.

Please note, however, that this Decision will not affect any subsequent determination issued by NYSOH on or after December 28, 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।

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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 okyerε 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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