



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

## Notice of Decision

Decision Date: May 30, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015134

[REDACTED]

Dear [REDACTED]

On April 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 6, 2017 eligibility determination 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 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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DEPARTMENT OF HEALTH  
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Albany, NY 12211

## Decision

Decision Date: May 30, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015134



## Issue

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

Did NYSOH properly determine that your children's eligibility for and enrollment in their Child Health Plus plan was effective February 1, 2017?

## Procedural History

On September 10, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating in part that your children were eligible for Child Health Plus (CHP) effective October 1, 2016. Your children were subsequently enrolled in a CHP with a plan start date of November 1, 2016.

On November 18, 2016, NYSOH received your revised application for health insurance for your family.

On November 19, 2016, NYSOH issued an eligibility determination notice stating in part that your two children were eligible for CHP and that they could enroll in a full price CHP plan or a Child-Only qualified health plan, effective January 1, 2017. This was based on a reported household income of \$125,291.00.

Also on November 19, 2016, NYSOH issued a plan enrollment notice confirming in part that your two children were enrolled in a CHP plan at full cost in a plan with similar coverage to what they had with the same insurance company. The plan enrollment start date was January 1, 2017.

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On November 25, 2016, NYSOH issued a disenrollment notice stating that your two children's CHP plan with a \$60.00 per month premium would end on December 31, 2016.

On December 7, 2016, NYSOH received a revised application for health insurance for your family.

Also on December 7, 2016, NYSOH received your 2015 U.S. Income Tax Return (see Document [REDACTED]).

On December 8, 2016, NYSOH issued a notice stating that your December 7, 2016 application had been reviewed and that your children might be eligible for health insurance through NYSOH. The notice also stated that the information you provided in your application did not match what NYSOH obtained from state and federal data sources. You were directed to provide income documentation by December 22, 2016 to confirm the information you provided in your application was accurate.

Also on December 8, 2016, NYSOH issued a disenrollment notice that in part stated your children's full cost CHP plan would end on January 1, 2017. This was because they were no longer eligible to enroll in that plan.

On December 22, 2016, NYSOH received your revised application for health insurance.

On January 4, 2017, NYSOH issued a notice stating that your December 22, 2016 application had been reviewed. The notice also stated that the information you provided in your application did not match what NYSOH obtained from state and federal data sources. You were directed to provide income documentation by January 6, 2017 to confirm the information you provided in your application was accurate.

On January 5, 2017, NYSOH verified your proof of income and re-ran your family's eligibility for health insurance based on the updated household income information in your account.

On January 6, 2017, NYSOH issued an eligibility determination notice, based on the January 5, 2017 update application, stating in part that your children were eligible to enroll in CHP with a \$45.00 monthly premium each, effective February 1, 2017

On January 7, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on January 6, 2017, stating that your children were enrolled in a CHP plan and that coverage would start on February 1, 2017.

On January 25, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's CHP plan insofar as it did not begin January 1, 2017.

On April 19, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you formally withdrew any appeal concerning your spouse's eligibility and stated that you wanted only the children's CHP eligibility and start date considered. 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 appealing solely on behalf of your two children.
- 2) Your application was updated on November 18, 2016, in which you attested to an annual household income of \$125,291.0 in your self-employment income.
- 3) Based on the November 18, 2016 application, NSYOH determined your two children were eligible to enroll in a full cost CHP plan or a child-only qualified health plan, effective January 1, 2017. NYSOH enrolled the two children in a full cost CHP plan with the same insurance company and a plan start date of January 1, 2017.
- 4) Your application was updated on December 7, 2016 in which you attested to an annual household income of \$11,819.00.
- 5) According to your NYSOH account and your testimony, on December 7, 2016, you submitted a copy of your 2015 U.S. Income Tax Return reflecting total income of \$125,291.00 and adjusted gross income of \$76,579.00.
- 6) According to your NYSOH account, you updated your application on December 22, 2016 in which you attested to annual household income of \$15,360.00 consisting of \$60,000.00 in earned income, \$4,072.00 in additional income and \$48,712.00 in deductions.
- 7) According to your NYSOH account, your 2015 U.S. Income Tax Return that you submitted on December 7, 2016 was not reviewed on December 22, 2017.
- 8) According to your NYSOH account, your 2015 U.S. Income Tax Return was reviewed and verified on January 5, 2017 and your household

income was adjusted to \$76,579.00 and your children's eligibility was re-run using that income amount.

- 9) You testified that you spoke to NYSOH customer service representative who told you that the children's CHP plan would start January 1, 2017.
- 10) You testified that you are seeking to have your children's CHP plan start on January 1, 2017 because they had medical services in January 2017 that you had to pay yourself because the children did not have coverage during this month.

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

## **Applicable Law and Regulations**

### Verification Process

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

### Timely Notice of Medicaid Eligibility

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 who are between ages one and nineteen years of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(ii)).

## 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 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 two children’s enrollment in their CHP plan was effective February 1, 2017 and not January 1, 2017.

Your children were originally found eligible for CHP and enrolled in a plan with a start date of November 1, 2016.

The record reflects that, based on a revised application submitted to NYSOH on November 18, 2016, your children were determined eligible for a full price CHP plan or a Child-Only qualified health plan, effective January 1, 2017. This was based on a reported household income of \$125,291.00. NYSOH enrolled your children in a CHP plan at full cost with a plan enrollment start date of January 1, 2017.

The record further reflects that you next revised your application on December 7, 2016 in which you attested to a household income of \$11,819.00. Also, on December 7, 2016, you submitted to NYSOH a copy of your 2015 U.S. Income

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Tax Return reflecting total income of \$125,291.00 and adjusted gross income of \$76,579.00, which differed significantly from your attested income of \$11,819.00.

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.

Since the income you attested to was \$11,819.00 was well under the Medicaid income limit, NYSOH pended your children's eligibility for Medicaid at that time and disenrolled them from their CHP plan as of January 1, 2017, as stated in the December 8, 2016 disenrollment notice.

In addition, because NYSOH could not verify your attested income, it issued a notice on December 8, 2016, stating that you still needed to provide additional proof of income. You were asked to submit proof of income documents by December 22, 2016 in order to make an eligibility determination.

According to your NYSOH account and your testimony, you contacted NYSOH on December 22, 2016 and updated your application and your household income was changed to \$15,360.00. At this time, NYSOH did not review and verify the 2015 U.S. Income Tax Return that you submitted on December 7, 2016 as proof of income. Notably, NYSOH had 30 days from your December 7, 2016 updated application to redetermine your children's eligibility such that the January 6, 2017 deadline for you to submit additional proof of income, as stated in the December 8, 2016 notice, was proper.

On January 5, 2017 and within 30 days of your December 7, 2016 and December 22, 2016 updated applications, NYSOH reviewed your 2015 U.S. Income Tax Return, verified your household income as \$76,579.00, and re-ran your family's eligibility based on that income amount.

On January 6, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for CHP at a \$45.00 monthly premium each effective February 1, 2017 and you selected a CHP plan for them that day. Therefore, NYSOH timely issued an eligibility determination notice regarding your children's eligibility within the 30 days allotted under the Medicaid rules.

On January 6, 2017, you selected a CHP plan for your children. On January 7, 2017, NYSOH issued a plan enrollment notice stating in part that your children's CHP plan would start February 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 between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

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Therefore, NYSOH's January 6, 2017 eligibility determination notice and the January 7, 2017 enrollment confirmation notice are AFFIRMED because they properly began your children's eligibility for and enrollment in CHP on February 1, 2017.

## **Decision**

The January 6, 2017 eligibility determination notice is AFFIRMED.

The January 7, 2017 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** May 30, 2017

## **How this Decision Affects Your Eligibility**

This decision does not change your children's eligibility.

The effective date of your children's coverage in their Child Health Plus plan is February 1, 2017.

## **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

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- 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 January 6, 2017 eligibility determination notice is AFFIRMED.

The January 7, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your children's eligibility.

The effective date of your children's coverage 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:**

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 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).

## 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 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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