



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

Notice of Decision

Decision Date: July 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015907

[REDACTED]

Dear [REDACTED],

On May 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 20, 2016 eligibility determination and 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).

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Decision Date: July 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015907

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) provide a timely determination of your youngest child's Child Health Plus eligibility on December 20, 2016?

Did the NYSOH properly determine that your youngest child's enrollment in his Child Health Plus plan was effective February 1, 2017?

Procedural History

On November 21, 2016, NYSOH received your application for financial assistance with health insurance. Also on November 21, 2016, you submitted four paystubs, dated October 28, 2016, November 4, 2016, November 10, 2016, and November 18, 2016.

On November 23, 2016, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources. You were directed to produce proof of income documentation by December 6, 2016.

On November 29, 2016, you re-submitted the same four paystubs.

On December 6, 2016, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources. You were directed to produce proof of income documentation by December 6, 2016.

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On December 9, 2016, NYSOH invalidated your income documentation.

On December 10, 2016, NYSOH issued a notice stating that the documentation you had submitted did not confirm the information in your application. You were directed to produce documentation by December 21, 2016.

On December 19, 2016, NYSOH received your updated application for financial assistance with health insurance.

On December 20, 2016, NYSOH issued a notice of eligibility determination, based on your December 19, 2016 application, stating that your [REDACTED] child (child) was fully eligible to enroll in Child Health Plus with a \$0.00 monthly premium, effective February 1, 2017.

Also on December 20, 2016, NYSOH issued a notice of enrollment confirmation, based on your plan selection on December 19, 2016, stating that your child was enrolled in a Child Health Plus plan, and that this enrollment in the plan would start February 1, 2017.

On February 17, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as it did not begin January 1, 2017.

On May 23, 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 appealing only your [REDACTED] child's eligibility.
- 2) You submitted an application to NYSOH for financial assistance on November 21, 2016, attesting to an annual expected household income of \$15,342.86.
- 3) On November 21, 2016 and November 29, 2016, you submitted four paystubs to your account:
 - a. dated October 28, 2016 for a gross \$600.00.
 - b. dated November 4, 2016 for a gross \$600.00.
 - c. dated November 10, 2016 for a gross \$600.00.
 - d. dated November 18, 2016 for a gross \$600.00.

- 4) You submitted an application to NYSOH for financial assistance on December 19, 2016, attesting to an annual expected household income of \$31,200.00.
- 5) You testified, and the record reflects, that you enrolled your [REDACTED] child into a Child Health Plus plan on December 19, 2016.
- 6) You testified that you need your [REDACTED] child's Child Health Plus plan to begin on January 1, 2017 because you have outstanding bills for services rendered that 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, NYSOH must request data from state and federal data sources 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 Child Health Plus 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 notice of their eligibility determination within 30 days from the date of the application for a child who is at least 1 year of age but younger than 19 years of age (18 NYCRR 360-2.4(a)(3)(ii)). NYS has

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elected to use a common application for Medicaid and Child Health Plus, therefore the timeliness standards for Child Health Plus determinations are the same as those for Medicaid determinations (see State Plan Amendment NY-CSPA-19, approved March 22, 2012 and effective November 11, 2011).

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).

Legal Analysis

The first issue is whether NYSOH provided you with timely determination of your [REDACTED] child’s Child Health Plus eligibility as of December 20, 2016.

For all individuals whose income is needed to calculate the household’s eligibility, NYSOH must request data from state and federal data sources 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 November 21, 2016. The income amount that was entered into this application did not match federal and state data

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sources. As a result, NYSOH asked that you submit additional documentation to confirm your [REDACTED] child's household income by December 6, 2016.

On November 21, 2016, you submitted four paystubs, dated October 28, 2016, November 4, 2016, November 10, 2016, and November 18, 2016. Therefore, your application was considered complete on November 21, 2016 for the purposes of determining your [REDACTED] child's eligibility.

NYSOH must provide applicants notice of their eligibility determination within 30 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must look at the time from the date of the completed application to the date NYSOH notifies the applicant of its decision.

On December 19, 2016, NYSOH received your updated application for financial assistance with health insurance, wherein you attested to an annual household income of \$31,200.00. On December 20, 2016, NYSOH issued an eligibility determination notice stating that your [REDACTED] child was fully eligible for Child Health Plus, effective February 1, 2017. Since NYSOH issued an eligibility determination 29 days from the date your application was considered complete, the December 20, 2016 eligibility determination was timely.

The second issue is whether NYSOH properly determined that your [REDACTED] child's enrollment in his Child Health Plus plan was effective February 1, 2017.

The record reflects that you selected a Child Health Plus plan for enrollment on December 19, 2016.

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 you selected a plan for your [REDACTED] child on December 19, 2016, between the sixteenth day of the month and the end of the month, NYSOH properly determined that enrollment went into effect on the first day of the second following month, or February 1, 2017.

Therefore, the December 20, 2016 eligibility determination and enrollment confirmation notices stating that your [REDACTED] child's enrollment in [REDACTED] Child Health Plus plan was effective February 1, 2017, is correct and must be AFFIRMED.

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).

The December 20, 2016 eligibility determination notice is AFFIRMED.

The December 20, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 6, 2017

How this Decision Affects Your Eligibility

This decision does not change your [REDACTED] child's eligibility.

The effective date of your [REDACTED] child's 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
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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 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):

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- 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 20, 2016 eligibility determination notice is AFFIRMED.

The December 20, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your [REDACTED] child's eligibility.

The effective date of your [REDACTED] child's Child Health Plus plan is February 1, 2017.

Legal Authority

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

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。我们可以为您免费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)

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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।

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 bɛtumi ama wo obi a okyerɛ 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 איר געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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