



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

## Notice of Decision

Decision Date: June 7, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015944

[REDACTED]

Dear [REDACTED],

On May 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 26, 2017 plan enrollment 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

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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## Decision

Decision Date: June 7, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015944

[REDACTED]

## Issue

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

Did New York State of Health (NYSOH) properly determine that your child was enrolled in a Child Health Plus plan with an enrollment start date of March 1, 2017?

## Procedural History

On December 7, 2016, you submitted a financial assistance application for your child.

On December 8, 2016, NYSOH issued a notice stating that your child's application had been reviewed, however, the income in the application did not match what NYSOH received from state and federal data sources. The notice directed you to submit additional proof of income by December 22, 2016, to confirm the information in your application.

On December 14, 2016, additional income documentation was uploaded to your NYSOH account (see Document [REDACTED]).

On December 20, 2016, your NYSOH account was updated.

On December 21, 2016, NYSOH issued a notice stating that your child's application had been reviewed, however, the income in the application did not match what NYSOH received from state and federal data sources. The notice

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directed you to submit additional proof of income by December 22, 2016, to confirm the information in your application.

On January 3, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible to purchase a qualified health plan at full cost, effective as of February 1, 2017. The notice stated that your child was not eligible for financial assistance because NYSOH did not receive the income documentation needed to verify the income listed in your application by the deadline.

On January 13, 2017, additional income documentation was uploaded to your NYSOH account (see Document [REDACTED]).

On January 23, 2017, your NYSOH account was updated.

On January 24, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for Child Health Plus with a \$9.00 monthly premium, effective as of March 1, 2017.

On January 26, 2017, NYSOH issued a plan enrollment notice confirming that on January 25, 2017, your child was enrolled in a Child Health Plus with an enrollment start date of March 1, 2017.

On February 17, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to your child's Child Health Plus plan enrollment start date.

On May 25, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was closed at the end of the hearing.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) According to your NYSOH account and testimony, your child was born on [REDACTED].
- 2) According to your NYSOH account, you submitted an application for your child on December 7, 2016. You attested that your current employer was [REDACTED] with a start date of November 28, 2016.
- 3) According to the December 8, 2016, notice issued by NYSOH, you were directed to submit additional documentation. The notice included a list of acceptable documentation which included paycheck stubs for

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the last four weeks or a letter from employer on company letterhead, signed by the employer and dated (see Document [REDACTED]).

- 4) On December 14, 2016, you submitted a letter from [REDACTED] stating that you were hired on November 28, 2016, and you would be working 80 hours every bi-weekly period (see Document [REDACTED] pg. 1).
- 5) On December 14, 2016, you submitted a statement of earnings from [REDACTED] indicating that you were issued federal taxable wages of \$545.00 on December 9, 2017, with year-to-date taxable wages of \$545.00. The statement indicated that your current rate of pay was \$13.75 (see Document [REDACTED] pg. 2).
- 6) According to your NYSOH account, on January 4, 2017, NYSOH determined that the income documentation submitted was invalid because the documentation did not cover a 30-day period.
- 7) On January 13, 2017, you submitted your December 23, 2016 and January 6, 2017 bi-weekly statement of earnings from [REDACTED] to NYSOH (see Document [REDACTED] pgs. 2-3).
- 8) According to your NYSOH account, your child was enrolled in a Child Health Plus plan on January 25, 2017, with an enrollment start date of March 1, 2017.
- 9) You testified that you incurred approximately \$300.00 in medical expenses in February 2017.
- 10) You testified that you want your child's plan to have an enrollment start date of December 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 – 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 of time to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

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## 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 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 child’s Child Health Plus plan should have an enrollment start date of March 1, 2017.

On December 7, 2016, you submitted an application through NYSOH. In that application you attested that your current employer was [REDACTED] with a start date of November 28, 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.

The income information that was entered into this application did not match federal and state data sources. As a result, on December 8, 2016 NYSOH issued a notice directing you to submit additional income documentation to confirm your child’s eligibility. The notice included a list of acceptable documentation, including paycheck stubs for the last four weeks or a letter from your employer on

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company letterhead, signed by the employer and dated (see Document [REDACTED]).

On December 14, 2016, you submitted a letter from [REDACTED] stating that you were hired on November 28, 2016, and you would be working 80 hours every bi-weekly period. Furthermore, you submitted a statement of earnings indicating that you were issued federal taxable wages of \$545.00 on December 9, 2017, with year-to-date taxable wages of \$545.00. That statement indicated that your current rate of pay was \$13.75 (see Document [REDACTED] pgs. 1-2).

On January 5, 2017, NYSOH determined that the income documentation submitted was invalid because the documentation did not cover a 30-day period.

The record reflects that the income and employment documentation submitted on December 14, 2016, demonstrates that you were began working at [REDACTED] on November 28, 2016, work 80 hours every bi-weekly period, and earn \$13.75 per hour. Furthermore, the year-to-date gross income amount listed on the December 9, 2016, statement of earnings supports that it was the only statement that had been issued by that employer.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. Generally, a plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

The record supports that the income and employment documentation provided to NYSOH on December 14, 2016, was sufficient to satisfy NYSOH's request and render an eligibility determination as of that date.

Therefore, the January 26, 2017, enrollment notice is MODIFIED to state that your child was enrolled in a Child Health Plus plan with an enrollment start date of January 1, 2017.

Your case is RETURNED to NYSOH to effectuate your child's enrollment as of January 1, 2017, and to notify you accordingly.

## **Decision**

The January 26, 2017, enrollment notice is MODIFIED to state that your child was enrolled in a Child Health Plus plan with an enrollment start date of January 1, 2017.

Your case is RETURNED to NYSOH to effectuate your child's enrollment as of January 1, 2017, and to notify you accordingly.

**Effective Date of this Decision:** June 7, 2017

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

Your child's Child Health Plus plan has an enrollment start date of January 1, 2017.

Your case is being sent back to NYSOH to effectuate your child's CHP plan start date as of January 1, 2017. NYSOH will notify you once it has been done.

You will be responsible to pay any monthly health insurance premiums due to the Child Health Plus plan directly for coverage to take effect as of January 1, 2017 and continuing.

### **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

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 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 26, 2017, enrollment notice is MODIFIED to state that your child was enrolled in a Child Health Plus plan with an enrollment start date of January 1, 2017.

Your case is RETURNED to NYSOH to effectuate your child's enrollment as of January 1, 2017, and to notify you accordingly.

Your child's Child Health Plus plan has an enrollment start date of January 1, 2017.

Your case is being sent back to NYSOH to effectuate your child's CHP plan start date as of January 1, 2017. NYSOH will notify you once it has been done.

You will be responsible to pay any monthly health insurance premiums due to the Child Health Plus plan directly for coverage to take effect as of January 1, 2017 and continuing.

## **Legal Authority**

We are issuing this determination in accordance with 45 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).

**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&tumi 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.

### **אַײַדיש (Yiddish)**

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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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