



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: AP000000015999

[REDACTED]

Dear [REDACTED],

On May 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 22, 2017 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

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: July 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015999

[REDACTED]

Issue

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

Did NYSOH properly determine your children's Child Health Plus coverage became effective no earlier than April 1, 2017?

Procedural History

On February 3, 2017, NYSOH received your updated application for financial assistance with health insurance for your children.

On February 4, 2017, NYSOH issued a notice stating the income information listed in your application did not match information obtained from state and federal data sources. The notice directed you to submit proof of your household's income and proof that your children were not enrolled in third party health insurance by February 18, 2017 or NYSOH would be unable to determine your children's eligibility for health insurance.

On February 7, 2017, you uploaded documentation that was verified by NYSOH on February 17, 2017 and the income information in your application was updated by NYSOH that day.

On February 18, 2017, NYSOH issued an eligibility determination notice, based on the February 17, 2017 systematic eligibility redetermination, stating your children were eligible for Child Health Plus with a \$9.00 monthly premium each, effective April 1, 2017.

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On February 21, 2017, you contacted NYSOH to select a Child Health Plus plan for your children and you were advised the coverage through that plan would begin April 1, 2017.

Also on February 21, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your children's Child Health Plus coverage was not effective in March 2017.

On May 30, 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) According to your account, your children were enrolled in a Medicaid Managed Care plan in 2016. NYSOH issued a renewal notice on December 3, 2016 directing you to update your account by January 15, 2017 to renew your children's coverage for 2017.
- 2) You testified, and the record reflects, that you receive all your notices from NYSOH by electronic mail. You testified you used to receive your notices through the regular mail and you are not sure when your account was changed to receive electronic notices.
- 3) You testified that you discovered you had received an email alert regarding the December 3, 2016 renewal notice sometime later, because you did not check your emails often.
- 4) According to your account, no updates were received by the deadline and your children's Medicaid Managed Care plan coverage was terminated, effective January 31, 2017.
- 5) You testified you first learned your children's coverage had been terminated at the pharmacy in early February 2017.
- 6) You testified you contacted NYSOH the same day and updated your account.
- 7) Your account confirms an updated application was submitted on behalf of your children on February 3, 2017, but NYSOH was unable to confirm the income information listed in that application and income documentation was requested by February 18, 2017 before a determination could be made.

- 8) Your account confirms that on February 7, 2017, you uploaded a document purportedly showing that your children were not covered by your employer sponsored health plan [REDACTED], as well as two biweekly paystubs [REDACTED]
- 9) According to your account, the income documentation uploaded on February 7, 2017 was verified by NYSOH on February 17, 2017 and the income amount listed in your application was updated to reflect the income information in the documents submitted as well as information obtained from data sources regarding the amount of unemployment insurance benefits received by your spouse. Based on this information, your children were determined eligible to enroll in Child Health Plus, effective April 1, 2017.
- 10) According to your account, you selected a health plan for your children on February 21, 2017 and the coverage through that plan became effective on April 1, 2017.
- 11) You testified and your account confirms, your children were without health coverage for the months of February and March 2017.
- 12) You testified you are only appealing the effective date of your children's coverage for the month of March 2017, because they have outstanding medical bills from 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, the Marketplace must request data 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)).

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

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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 your children’s Child Health Plus coverage became effective no earlier than April 1, 2017.

According to your account, an updated application for financial assistance with health insurance was submitted on behalf of your children on February 3, 2017, but NYSOH was unable to confirm the income information listed in that application.

Pursuant to the above cited regulations, for all individuals whose income is needed to calculate the household’s eligibility, the Marketplace must request data that will allow the Marketplace to verify the household’s income. 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.

The notice issued by NYSOH on February 4, 2017 indicated that the income information listed in your application did not match the information obtained from state and federal data sources. The notice directed you to submit proof of your household’s income and proof that your children were not enrolled in third party health insurance by February 18, 2017, so their eligibility for health insurance could be determined. In response, on February 7, 2017, you uploaded a letter indicating your children were not enrolled in your employer sponsored health insurance as well as two biweekly paystubs.

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According to your account, the documentation you submitted on February 7, 2017 was verified by NYSOH on February 17, 2017 and your children were determined eligible for Child Health Plus, effective April 1, 2017. You subsequently selected a health plan for your children on February 21, 2017, but the coverage through that plan did not become effective until April 1, 2017.

Therefore, according to your account, your children were without health coverage in March of 2017. You testified your children have outstanding medical bills from that month and you appealed the effective date of their Child Health Plus coverage insofar as it did not begin March 1, 2017.

According to the regulations, 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.

As discussed above, you submitted the documentation requested to confirm your children's eligibility on February 7, 2017, prior to the February 18, 2017 deadline, and this documentation was later verified by NYSOH and was the basis for the current eligibility. As such, your application was deemed complete as of the date the later verified documentation was submitted. Therefore, it is concluded your children were eligible to enroll in a Child Health Plus plan as of the date of the completed application; that is, on February 7, 2017.

Had you been permitted to select a plan for enrollment on February 7, 2017, prior to the fifteenth day of the month, their coverage would have become effective the first day of the following month; that is, on March 1, 2017. It is assumed you would have selected the same plan for your children if permitted to select a plan on February 7, 2017 as you did when you selected a plan for them on February 21, 2017.

Accordingly, the February 22, 2017 enrollment confirmation notice is MODIFIED to reflect your children was enrolled in their Child Health Plus plan, effective March 1, 2017.

Decision

The February 22, 2017 enrollment confirmation notice is MODIFIED to reflect your children were enrolled in their Child Health Plus plan, effective March 1, 2017.

Your case is RETURNED to NYSOH to facilitate correcting your children's enrollment in their Child Health Plus plan to the appropriate date in accordance with this decision.

Effective Date of this Decision: July 6, 2017

How this Decision Affects Your Eligibility

Your children's enrollment in their Child Health Plus plan should have been effective as of March 1, 2017.

Your case is being sent back to NYSOH to correct the effective date of your children's Child Health Plus coverage in accordance with this decision.

You may owe additional premiums because of this change.

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 February 22, 2017 enrollment confirmation notice is MODIFIED to reflect your children was enrolled in their Child Health Plus plan, effective March 1, 2017.

Your case is RETURNED to NYSOH to facilitate correcting your children's enrollment in their Child Health Plus plan to the appropriate date in accordance with this decision.

Your children's enrollment in their Child Health Plus plan should have been effective as of March 1, 2017.

You may owe additional premiums because of this change.

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&btumi 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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