



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

Notice of Decision

Decision Date: July 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016196

[REDACTED]

Dear [REDACTED]

On June 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 17, 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 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
P.O. Box 11729
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Decision

Decision Date: July 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016196



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 youngest child's Child Health Plus coverage was effective no earlier than February 1, 2017?

Procedural History

On November 10, 2016, NYSOH received your application for financial assistance with health insurance for your youngest child.

On November 11, 2016, NYSOH issued a notice stating the income information in your application did not match the information obtained from state and federal data sources. The notice directed you to submit proof of your income by November 25, 2016 and proof of your youngest child's citizenship status and Social Security number by February 8, 2017 or NYSOH would not be able to determine your child's eligibility for health insurance. The notice included a list of acceptable documentation constituting proof of income including recent paystubs or a signed and dated letter from an employer on company letterhead to prove wages and salary.

On December 2, 2016, NYSOH issued a notice stating the documentation submitted was insufficient to confirm the information listed in your application. The notice directed you to submit proof of your youngest child's citizenship status and Social Security number by February 8, 2017. The notice further indicated that proof of your income was required by November 25, 2016. The notice

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included a list of acceptable documentation constituting proof of income including recent paystubs or a signed and dated letter from an employer on company letterhead to prove wages and salary.

On December 7, 2016, NYSOH issued an eligibility determination, based on a December 6, 2016 systematic eligibility redetermination, stating your child was conditionally eligible to purchase a qualified health plan at full cost, effective January 1, 2017. The notice indicated your child was not eligible for financial assistance because NYSOH had not received income documentation needed to verify the information listed in your application. The notice directed you to submit proof of your child's citizenship status and Social Security number or he might lose his insurance or receive less help paying for coverage.

On December 8, 2016, NYSOH issued a notice stating the documentation submitted was insufficient to confirm the information listed in your application. The notice directed you to submit additional proof of your child's citizenship status and Social Security number by February 8, 2017 or he might lose his insurance or receive less help paying for his coverage.

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

On January 4, 2017, NYSOH issued a notice stating the income information in your application did not match the information obtained from state and federal data sources. The notice directed you to submit proof of your income by January 18, 2017 or NYSOH would not be able to determine your child's eligibility for health insurance.

On January 5, 2017, NYSOH issued a notice stating the documentation submitted was insufficient to confirm the information listed in your application. The notice directed you to submit additional proof of your income by February 2, 2017. The notice included a list of acceptable documentation constituting proof of income including recent paystubs or a signed and dated letter from an employer on company letterhead to prove wages and salary.

On February 10, 2017, NYSOH received your updated application for financial assistance with health insurance for your child.

On February 11, 2017, NYSOH issued an eligibility determination notice stating your child was eligible for Child Health Plus with a \$15.00 monthly premium, effective March 1, 2017.

On February 17, 2017, NYSOH issued a notice of enrollment, based on your February 10, 2017 plan selection, confirming your child was enrolled in a Child Health Plus plan, effective March 1, 2017.

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On February 24, 2017, you spoke to NYSOH's Account Review Unit and appealed the effective date of your child's Child Health Plus coverage insofar as his coverage was not effective as of November 1, 2016.

On June 8, 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) On November 10, 2016, an initial application for financial assistance with health insurance was submitted on behalf of your youngest child. The application did not include a Social Security number for your child and indicated you were in the process of applying for one.
- 2) The application indicated your annual income was \$40,000.00 consisting of \$1,500.00 you earned biweekly from your full-time employer and \$1,000.00 you earned annually from a part-time employer.
- 3) According to your account, NYSOH was unable to confirm the income information listed in your application and you were directed to submit proof of your income by November 25, 2016. You were also directed to submit proof of your child's citizenship status and Social Security number by February 8, 2017.
- 4) On November 16, 2016, you uploaded two consecutive biweekly paystubs from your full-time employer.
- 5) According to your account, on December 1, 2016, NYSOH invalidated your paystubs as insufficient proof of your child's citizenship status and Social Security number and NYSOH issued a notice on December 2, 2016 requesting additional proof of your child's citizenship status and Social Security number by February 8, 2017.
- 6) On December 6, 2016, NYSOH systematically redetermined your child's eligibility and determined he was not eligible for financial assistance, because NYSOH did not receive sufficient income documentation to confirm the information in your application by the November 25, 2016 deadline.
- 7) On December 14, 2016, NYSOH received a copy of your child's birth certificate and Social Security card.

- 8) On January 3, 2017, an updated application was submitted on your child's behalf. The application contained the same income information as the prior application, but included your child's Social Security number.
- 9) According to your account, NYSOH was still unable to verify, with state and federal data sources, the income information listed in your application and proof of income was requested by January 18, 2017.
- 10) On January 3, 2017, you uploaded updated biweekly paystubs from your full-time employment.
- 11) According to your account, on January 4, 2017, NYSOH invalidated your income documentation, because you did not submit any documentation to confirm the income information listed in your application regarding your part-time employment.
- 12) NYSOH issued a notice on January 5, 2017, indicating the income documentation you submitted was insufficient and requesting additional documentation by February 5, 2017.
- 13) On February 10, 2017, an updated application was filed on behalf of your child. That application increased your attested income to \$48,873.00 consisting of \$46,073.00 you earn annually from your full-time employment and \$2,800.00 you earn annually from your part-time employment.
- 14) According to your account, NYSOH was able to verify the income information listed in that application with state and federal data sources and your child was determined eligible for Child Health Plus, effective March 1, 2017.
- 15) According to your account, a health plan was selected for your child on February 10, 2017 and the coverage through that plan was effective March 1, 2017.
- 16) Your account confirms that on February 10, 2017, NYSOH created incident [REDACTED] relating to your request to backdate your child's Child Health Plus coverage to November 1, 2017. According to notes related to that incident, NYSOH agreed to backdate your child's coverage to February 1, 2016, because "The MP has 10 days to review documents once submitted. Since documents were uploaded on 11/16/16 and 12/14/16, the earliest enrollment possible would be 2/1/17 following the 15th of the month rule."
- 17) You testified that in addition to you full-time job, you have a part-time per diem position that you earn income from irregularly. You testified you gave a "rough estimate" of your income in the November 10, 2016 and January

3, 2017 applications. You testified you did not submit any documentation from your part-time position, because you did not have any recent paystubs. You testified NYSOH did not tell you needed to submit anything from your part-time employer until February 2017 and that you were working on getting a letter from that employer, but your application counselor submitted an updated application in February 2017 and your child was approved for Child Health Plus with no further documentation required.

- 18) Your account confirms the notices issued by NYSOH on November 11, 2016, December 2, 2016, and January 5, 2017 indicating the documentation you submitted was insufficient and requesting additional documentation all included a list of acceptable documentation constituting proof of income including recent paystubs or a signed and dated letter from an employer on company letterhead to prove wages and salary. There is no evidence in your account that any of those letters were returned to NYSOH as undeliverable.
- 19) You testified you are seeking to have your child's coverage backdated to November 1, 2016, because you submitted everything you were told to submit in time. You testified any delay in submitting documents was caused by NYSOH, because they were unable to tell you what additional documents needed to be submitted.

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 – Effective Dates of Coverage

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

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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 appeal is whether NYSOH properly determined your youngest child’s Child Health Plus coverage was effective no earlier than February 1, 2017.

On November 10, 2016, an initial application for financial assistance with health insurance was submitted on behalf of your child. The application indicated your annual income was \$40,000.00 consisting of \$1,500.00 you earned biweekly from your full-time employer and \$1,000.00 you earned annually from a part-time employer. According to your account, NYSOH was unable to confirm the income information listed in your application.

Pursuant to the above cited regulation, 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.

In the notice dated November 11, 2016, NYSOH indicated the income information in your application did not match the information obtained from state and federal data sources. The notice directed you to submit proof of your income by November 25, 2016 or NYSOH would not be able to determine your child’s eligibility for health insurance. The notice included a list of acceptable documentation constituting proof of income including recent paystubs or a signed

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and dated letter from an employer on company letterhead to prove wages and salary. Additionally, that notice directed you to submit proof of your child's citizenship status and Social Security number by February 8, 2017.

Your account confirms that you uploaded two biweekly paystubs from your full-time employer on November 16, 2016; however, NYSOH did not receive any documentation regarding the part-time employer listed in your application by the November 25, 2016 deadline. Although you testified you did not have any recent paystubs from your part-time employer and you were not told by NYSOH that you had to submit an employment letter from this employer until February 2017, the November 11, 2016 notice issued by NYSOH stated that to prove wages and/ or salary an applicant must provide current paystubs **or** a letter from that employer. There is no evidence in your account that this notice was returned to NYSOH as undeliverable. Therefore, it is concluded NYSOH provided you with proper notice, as of November 11, 2016, of the types of acceptable income documentation required to confirm the income information you listed in your application. Accordingly, the evidence establishes you failed to submit sufficient proof of your income by the November 25, 2016 deadline.

Although, your account confirms that NYSOH invalidated your income documentation on December 1, 2017 for the wrong reason, alleging it was insufficient proof of your child's citizenship status and Social Security number even though the deadline for that documentation had not yet passed, the fact remains that the documentation was still invalid because it was incomplete. Thus, even though the stated grounds were incorrect, it resulted in the proper outcome in that your child's eligibility status remained pending documentation.

You updated your application on January 3, 2017 and included your child's Social Security number, but the application contained the same income information as the prior application. Again, NYSOH was unable to verify this income information and, again, you were directed to submit proof of your income. Again, you submitted biweekly paystubs from your full-time employment, but nothing from the part-time employer listed in your application. Thus, NYSOH, invalidated this documentation, again.

On February 10, 2017, an updated application was filed on behalf of your child. That application increased your attested income by to \$48,873.00, more than doubling the attested amount earned from your part-time employer from the last application. According to your account, NYSOH was able to verify, with state and federal data sources, the increased income amount listed in that application and no further proof of your income was required. Your child was determined eligible for Child Health Plus, and a plan was selected that day with coverage effective March 1, 2017.

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Your account confirms that NYSOH voluntarily agreed to back date your child's Child Health Plus coverage to February 1, 2017 on February 23, 2017. However, you testified you are seeking to have your child's coverage further backdated to November 1, 2016, because you believed any delay in submitting documents was caused by NYSOH's failure to properly inform you of the documentation required to confirm your child's eligibility.

Your account confirms that you attested to income from two employers in both the November 10, 2016 and the January 3, 2017 applications. As discussed above, it is concluded you received proper notice of the documentation required to verify your income information in the November 11, 2016, December 2, 2016, and January 5, 2017 notices; however, you failed to produce any documentation to substantiate the income information you attested to regarding your part-time employment. Not until you significantly increased your attested income amount in the February 10, 2017 application was NYSOH able to verify your income information. Thus, it is concluded that any delay in issuing an eligibility determination concerning your child was the result of your failure to comply with notices directing you to provide proof of your income and/or a result of your having underreported your income in previous applications.

Pursuant 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.

Your account confirms, a health plan was selected for your child on February 10, 2017. Since this was prior to the fifteenth day of the month, your child's coverage should have become effective on the first day of the next following month; that is, March 1, 2017. However, your account confirms that on February 23, 2017, NYSOH voluntarily agreed to backdate your child's coverage to February 1, 2017, and the Appeals Unit will not change this start date.

Therefore, the February 17, 2017 notice of enrollment stating your child was enrolled in a Child Health Plus plan, effective March 1, 2017, is MODIFIED to reflect your child's coverage through this plan became effective February 1, 2017.

Decision

The February 17, 2017 enrollment confirmation notice is MODIFIED to reflect your child's coverage became effective February 1, 2017.

Effective Date of this Decision: July 18, 2017

How this Decision Affects Your Eligibility

The effective date of your 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 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.

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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 17, 2017 enrollment confirmation notice is MODIFIED to reflect your child's coverage became effective February 1, 2017.

The effective date of your child's 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:



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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