



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

Notice of Decision

Decision Date: July 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016238

[REDACTED]

Dear [REDACTED]

On June 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 26, 2017, eligibility determination notice and January 29, 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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Decision

Decision Date: July 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016238

[REDACTED]

Issues

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

Did NY State of Health provide a timely determination of your oldest child's eligibility as of January 26, 2017?

Did NY State of Health properly determine that your oldest child's Child Health Plus plan began March 1, 2017?

Procedural History

On October 16, 2016, NY State of Health (NYSOH) issued a notice stating your oldest child was re-enrolled in his Child Health Plus plan for another year effective January 1, 2017.

On November 18, 2016, NYSOH issued a notice stating your oldest child was enrolled in a Child Health Plus plan on November 17, 2016 for a cost of \$9.00 per month starting January 1, 2017.

On November 18, 2016, NYSOH received your oldest child's updated application for financial assistance.

On November 19, 2016, NYSOH issued an eligibility determination notice based on your last application stating the income information in your application does

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not match what NYSOH received from state and federal data sources. You were asked to provide proof of income by December 3, 2016.

On November 24, 2016, NYSOH issued a disenrollment notice stating your oldest child's Child Health Plus plan would end on December 31, 2016 because the health plan is being discontinued next year.

On November 25, 2016, NYSOH received income documentation.

On December 12, 2016, a NYSOH representative invalidated your income documentation.

On December 13, 2016, NYSOH issued a notice stating the documentation reviewed does not confirm the information in your application. The notice asked you to send in more proof to verify your income by December 3, 2016.

On December 15, 2016, NYSOH issued a notice stating your oldest child was eligible to purchase a qualified health plan at full cost effective January 1, 2017. The notice stated your oldest child was not eligible for Medicaid or Child Health Plus because NYSOH had not received the requested information to verify his income by the due date.

On December 21, 2016, NYSOH issued a notice based on your updated application on December 20, 2016, stating the income information in your oldest child's application does not match what NYSOH received from state and federal data sources. The notice asked you to provide income documentation by January 4, 2017.

On December 20, 2016, NYSOH received your income documentation.

On January 11, 2017, a NYSOH representative invalidated your income documentation.

On January 12, 2017, NYSOH issued a notice stating the documentation reviewed does not confirm the information in your application. The notice asked you to provide proof of income by January 19, 2017.

On January 26, 2017, NYSOH issued a notice based on your January 25, 2017 application stating your oldest child was eligible for Child Health Plus for a cost of \$0.00 effective March 1, 2017.

On January 29, 2017, an enrollment notice was issued confirming your oldest child's enrollment on January 28, 2017 in a Child Health Plus plan for \$0.00 per month starting March 1, 2017.

On February 24, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your oldest child's Child Health Plus plan requesting it begin January 1, 2017.

On June 2, 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, and the record reflects, that you are appealing the enrollment start date of your oldest child's Child Health Plus plan, requesting a start date of January 1, 2017.
- 2) NYSOH received your application for financial assistance on November 18, 2016.
- 3) You were requested to provide income documentation to confirm your income by December 3, 2016.
- 4) On November 25, 2016, you uploaded copies of your paystubs with check dates of October 14, 21, 28, and November 4, 2016. See Documents [REDACTED].
- 5) Also on November 25, 2016, you uploaded a document showing your spouse's record of benefit payment history for unemployment with a last payment date of May 11, 2016. See Document [REDACTED].
- 6) Your income documentation was determined invalid by a NYSOH representative on December 12, 2016. The reason given based on your account was that one of the paystubs was outside of the "open clock date."
- 7) On December 20, 2016, you uploaded copies of your paystubs with check dates of November 25, December 2, 9, and 16, 2016. See Document [REDACTED].
- 8) On January 11, 2017, a NYSOH representative invalidated your income documentation with the stated reason that your paystubs were all outside the required time frame of within 30 days of December 20, 2016.
- 9) On January 18, 2017, you uploaded a copy of your paystub with a check date of December 23, 2016. See Document [REDACTED].

- 10) On January 25, 2017, your income documentation was validated as acceptable proof of income.
- 11) You selected a Child Health Plus plan on January 28, 2017.
- 12) You testified that you want your oldest child's Child Health Plus plan to start January 1, 2017, because you incurred medical bills in the month of January and February, 2017 in the amount of approximately \$1,220.00.
- 13) You reside in [REDACTED] NY.

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

Applicable Law and Regulations

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).

Verification Process

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 (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 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 an infant older than one year of age but younger than 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)).

Legal Analysis

The first issue is whether NYSOH provided you with timely determination of your oldest child's Child Health Plus eligibility as of January 26, 2017.

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.

You updated your NYSOH account on November 18, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income by December 3, 2016.

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On November 25, 2016, you uploaded copies of your paystubs with check dates of October 14, 21, 28, and November 4, 2016. You also uploaded a copy of your spouse's record of benefit payment history for unemployment with a last payment date of May 11, 2016.

The documentation you uploaded was determined invalid by a NYSOH representative on December 12, 2016. The reason given based on your account was that one of the paystubs you provided for your employer was outside of the "open clock date." This meant one of your paystubs provided were outside of the open date from your November 18, 2016 application.

Additional documentation was uploaded to your account on December 20, 2016 including a copy of a paystub with a check date of November 10, 2016. This document was the missing paystub for the time period requested by NYSOH. You also uploaded copies of your paystubs with check dates of November 25, December 2, 9, and 16, 2016.

On January 11, 2017, a NYSOH representative invalidated this income documentation with the stated reason that your paystubs were all outside the required time frame of within 30 days of December 20, 2016. However, you provided four weeks of paystubs with four check dates within 30 days of December 20, 2016. Those dates were November 25, December 2, 9, and 16, 2016. Therefore, the NYSOH representative improperly invalidated the documentation you provided.

Therefore, your application must be considered complete as of December 20, 2016, for purposes of NYSOH's obligation in issuing an eligibility determination.

NYSOH must provide child applicants to Medicaid and Child Health Plus aged 19 and under 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 base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on January 26, 2017 that stated your oldest child was eligible for Child Health Plus at a cost of \$0.00 effective March 1, 2017. Since NYSOH issued an eligibility determination 37 days from the date your application was considered complete, the January 26, 2017, eligibility determination was untimely.

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

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You contacted NYSOH on January 28, 2017 and enrolled your oldest child into a Child Health Plus plan. However, based on the discussion above, your oldest child's application was considered complete as of December 20, 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.

Had you been provided a timely eligibility determination notice on December 20, 2016, you would have been able to enroll your oldest child into a Child Health Plus plan the first day of the second month following December, that is on February 1, 2017.

Therefore, the January 29, 2017, enrollment confirmation notice stating that your oldest child's enrollment in his Child Health Plus plan was effective March 1, 2017, is MODIFIED to reflect a February 1, 2017 start date.

Your case is RETURNED to NYSOH to reinstate your oldest child into his Child Health Plus plan effective February 1, 2017.

Decision

The January 26, 2017 eligibility determination was untimely and is MODIFIED to state that your oldest child's eligibility for enrollment in a Child Health Plus plan was effective February 1, 2017.

The January 29, 2017, enrollment confirmation notice is MODIFIED to reflect your oldest child's Child Health Plus plan was effective February 1, 2017.

Your case is RETURNED to NYSOH to reinstate your child into his Child Health Plus plan effective February 1, 2017.

Effective Date of this Decision: July 13, 2017

How this Decision Affects Your Eligibility

Your child's enrollment in a Child Health Plus plan should have began February 1, 2017.

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Your case is being sent back to NYSOH to enroll your oldest child into his Child Health Plus plan, effective 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.

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

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- 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 eligibility determination was untimely and is MODIFIED to state that your oldest child's eligibility for enrollment in a Child Health Plus plan was effective February 1, 2017.

The January 29, 2017, enrollment confirmation notice is MODIFIED to reflect your child's Child Health Plus plan was effective February 1, 2017.

Your case is RETURNED to NYSOH to reinstate your child into his Child Health Plus plan effective February 1, 2017.

You will be responsible for any premium payment owed to your health plan for that month.

Your child's enrollment in a Child Health Plus plan began 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 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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