



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

Notice of Decision

Decision Date: July 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017436

[REDACTED]

Dear [REDACTED],

On July 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 11, 2017 eligibility determination and plan enrollment 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 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: July 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017436

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your children's eligibility for and enrollment in their Child Health Plus (CHP) plan was effective March 1, 2017?

Procedural History

On January 21, 2017, NYSOH issued a notice, based on your January 20, 2017 application, stating that the income information in your application did not match what the NYSOH received from state and federal data sources. That notice further stated that proof of current income and benefit information for Third Party Health Insurance (TPHI) was needed by February 4, 2017 to confirm your children's eligibility.

On January 27, 2017, NYSOH Invalidated the letter of attestation you submitted on January 20, 2017 stating that your children were not employed (see Document [REDACTED]).

On January 28, 2017, NYSOH issued a notice stating that the documentation you submitted was insufficient in that it did not confirm the information in your application. That notice further stated that additional proof of income and proof of TPHI benefit information was needed for your children by February 19, 2017.

On February 6, 2017, you submitted a single paystub dated January 31, 2017, your TPHI Plan Summary, and your TPHI cards (see Documents [REDACTED]).

On February 17, 2017, you submitted four consecutive paystubs from your primary employer dated January 4, 2017 through February 14, 2017 and four paystubs dated December 23, 2016 through February 3, 2017 from your secondary employer (see Documents [REDACTED]).

On March 11, 2017, NYSOH issued an eligibility determination notice, based on your March 10, 2017 updated application, stating that your children were eligible for CHP as of April 1, 2017.

Also on March 11, 2017, NYSOH issued a plan enrollment notice confirming your children's enrollment in a CHP plan, effective April 1, 2017.

On March 28, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and plan enrollment notices insofar as they began your children's eligibility for and enrollment in their CHP plan on April 1, 2017, and not March 1, 2017.

On July 6, 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 applied on behalf of your children to NYSOH for financial assistance on January 20, 2017. Your children were placed in pending Medicaid status because NYSOH could not verify the income you attested to in that application or your children's TPHI.
- 2) You were notified to submit proof of household income and TPHI benefit information by February 4, 2017, as stated in the January 21, 2017 notice.
- 3) According to your NYSOH account, on January 20, 2017, you submitted a letter of attestation. The letter of attestation you submitted stating that your children were not employed was invalidated by NYSOH on January 27, 2017, because you did not provide proof of your income or your children's TPHI benefit information (see Document [REDACTED]).

- 4) On January 28, 2017, NYSOH issued a notice stating that the documentation you submitted was insufficient and the additional documentation was needed by February 7, 2017.
- 5) According to your NYSOH account on February 6, 2017, you submitted a single paystub dated January 31, 2017, your TPHI Benefit Plan Summary, and insurance cards. On February 17, 2017, you submitted additional proof of your income including four current paystubs from each of your two employers (see Documents [REDACTED]).
- 6) According to your NYSOH account, you updated your children's account and enrolled them into a CHP plan on March 10, 2017, with an effective date of April 1, 2017.
- 7) You testified that although you have no medical bills for your children in the month of March 2017 and the issue is now moot, you think that the process of applying for health insurance for your children should have been simpler.

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 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 Medicaid 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

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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 45 days from the date of the application (42 CFR § 435.912).

Child Health Plus Effective Date

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 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 children's enrollment in their CHP plan was effective April 1, 2017.

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 submitted an application to NYSOH for financial assistance for your children on January 20, 2017. Your children were placed in pending Medicaid status because NYSOH could not verify the income you attested to in that application or your children's TPHI benefit information. You were notified to submit proof of income and proof of TPHI benefit information before February 4, 2017, as stated in the January 21, 2017 notice.

You submitted income documentation on January 20, 2017, which was subsequently invalidated by NYSOH as insufficient on January 27, 2017. This was because, although you provided documentation that your children did not work, you did not provide sufficient documentation to prove your income, nor did you provide your children's TPHI benefit information. As such, NYSOH requested that you submit additional documentation to confirm your children's eligibility.

You submitted additional income documentation and proof of your children's TPHI benefit information on February 6, 2017 and February 17, 2017, which were not verified or validated by NYSOH. This was because before NYSOH validated these documents, on March 10, 2017, you updated your children's account and they were found eligible for enrolled in a CHP plan that day.

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An application is not considered complete until the documentation you submit is validated by NYSOH. Since, NYSOH did not have the opportunity to validate your documentation before you updated your application, the date you completed your application for purposes of these analyses is the date you updated your children's application; that is, on March 10, 2017.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 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.

Although NYSOH originally determined your children to be pending Medicaid as of January 20, 2017, based on its inability to verify your income and TPHI benefit information, that application was not complete.

You updated your account and provided a complete application on March 10, 2017 and your children were found eligible for CHP and able to select a Medicaid Managed Care plan that day. As such, NYSOH issued an eligibility determination notice on March 11, 2017 that stated your children were eligible for Medicaid effective April 1, 2017.

Since, NYSOH issued an eligibility determination one day after you submitted your children's updated application, the March 11, 2017 eligibility determination was timely and is AFFIRMED.

The issue turns to whether your children's CHP plan properly began as of April 1, 2017.

The record reflects you selected a CHP plan for your children on March 10, 2017.

The date on which a CHP plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your children's CHP plan on March 10, 2017, it properly took effect on the first day of the month following March 2017; that is, on April 1, 2017.

Therefore, NYSOH's March 10, 2017 plan enrollment notice is 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 March 11, 2017 eligibility determination and plan enrollment notices are AFFIRMED.

Effective Date of this Decision: July 28, 2017

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

The effective date of your children's CHP plan is April 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):

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 March 11, 2017 eligibility determination was timely and is AFFIRMED.

The March 11, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your children's eligibility.

The effective date of your children's CHP plan is April 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 مجانًا.

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।

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 b etumi ama wo obi a okyer e kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu)

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.