



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

Notice of Decision

Decision Date: August 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017612

[REDACTED]

Dear [REDACTED],

On July 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 13, 2017, eligibility determination notice and the February 18, 2017, 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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NY State of Health Account ID: [REDACTED]
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Issues

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

Did NYSOH properly determine your child was eligible for full price Child Health Plus plan effective March 1, 2017?

Did NYSOH properly determine your child's enrollment in a \$45.00 per month Child Health Plus plan was effective April 1, 2017?

Procedural History

On December 8, 2016, NYSOH received your child's updated application for financial assistance. That day, you also provided income documentation to NYSOH.

On December 9, 2016, NYSOH issued a notice stating that your child was eligible for Child Health Plus for a limited time for a cost of \$45.00 per month effective January 1, 2017. The notice asked that you provide proof of income by February 6, 2017.

On December 9, 2016, an enrollment notice was issued confirming your child's enrollment on December 8, 2016 in a Child Health Plus plan for a cost of \$45.00 per month starting January 1, 2016.

On December 27, 2016, a NYSOH representative invalidated the income documentation you submitted on December 8, 2016.

On December 28, 2016, NYSOH issued a notice stating the income documentation reviewed did not confirm the information in your application. The notice asked that you provide additional income proof by February 6, 2017.

On January 4, 2017, NYSOH received additional income documentation.

On January 21, 2017, a NYSOH representative invalidated the income documentation you submitted on January 4, 2017.

On January 22, 2017, NYSOH issued a notice stating the income documentation reviewed did not confirm the information in your application. The notice asked that you provide additional income proof by February 6, 2017.

No additional documentation was received by NYSOH prior to February 6, 2017.

On February 12, 2017, NYSOH redetermined your child's eligibility for financial assistance.

On February 13, 2017, NYSOH issued a notice stating your child was eligible for Child Health Plus at full price, effective March 1, 2017. The notice stated your child was enrolled into a health plan offered by your current health insurance company.

On February 13, 2017, NYSOH issued a cancellation notice stating your child's enrollment in her Child Health Plus plan would end effective February 28, 2017. The notice stated this was because she was no longer eligible to enroll in her plan.

On February 17, 2017, NYSOH received your child's updated application for financial assistance.

On February 18, 2017, NYSOH issued an eligibility determination notice stating your child was eligible for Child Health Plus for a cost of \$45.00 per month, effective April 1, 2017.

On February 18, 2017, NYSOH issued an enrollment notice confirming your child's enrollment on February 17, 2017 in a Child Health Plus plan for a cost of \$45.00 per month, effective April 1, 2017.

On April 3, 2017, you spoke to NYSOH's Account Review Unit and appealed the level of financial assistance your child was determined eligible for effective March 1, 2017.

On July 14, 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 proceeding.

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Findings of Fact

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

- 1) You testified that you are only appealing your child's eligibility for full price Child Health Plus for the month of March 2017.
- 2) You testified you plan on filing your 2017 taxes as married filing jointly and claiming one child as a dependent.
- 3) You testified that you did receive a notice indicating you needed to provide proof of your income before February 6, 2017.
- 4) You updated your child's application online on December 8, 2016 and attested to an income of \$69,473.78.
- 5) On December 8, 2016, NYSOH received your income documentation in the form of 2015 W-2 statements. See [REDACTED].
- 6) A NYSOH representative invalidated your income documentation on December 27, 2016. The note in your NYSOH account states you needed to provide current and consecutive paystubs for yourself and your spouse for the last four weeks.
- 7) On January 4, 2017, NYSOH received additional income documentation for you and your spouse in the form of paystubs. You provided four paystubs for your spouse dated November 25, December 2, 9, and 30, 2016. You also provided paystubs for yourself from your one employer [REDACTED] dated December 22, 2016, and January 5, 2017. See Document [REDACTED], [REDACTED], and [REDACTED].
- 8) On January 12, 2017, NYSOH received paystubs for your employer [REDACTED] with check dates of October 10, 28, 11, 2016, and January 6, 2017. See Document [REDACTED].
- 9) On January 21, 2017, a NYSOH representative invalidated your income documentation stating you provided outdated paystubs. That those paystubs must be within 30 days of "12/8/16."
- 10) The income amount attested to in your February 12, 2017 application was \$69,473.78.

- 11) The income amount attested to in your February 17, 2017 application was \$65,447.18.
- 12) On February 17, 2017, you enrolled your child into a Child Health Plus plan for a cost of \$45.00 per month, effective April 1, 2017.

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

Applicable Law and Regulations

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY Public Health Law § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY Public Health Law § 2511(2)(a)-(e)).

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,” including for periodic renewals (42 CFR § 457.340(f); 42 CFR §457.343).

In general, a child eligible for Child Health Plus must recertify their eligibility for enrollment through NYSOH once every twelve months (42 CFR § 457.343; 42

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CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (NY Public Health Law § 2511(2)(f)(ii)).42 CFR § 435.916(a)(2)).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee's Child Health Plus eligibility (42 CFR § 457.340(e)). When Child Health Plus coverage is denied, suspended or terminated NYSOH must provide sufficient notice to enable the child's parent or caretaker relative to take appropriate actions in order to allow Child Health Plus coverage to continue without interruption (42 CFR § 457.340(e)(1)(D); 42 CFR § 457.1130(a)(3)).

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).

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).

Legal Analysis

The first issue under review is whether NYSOH properly determined your child was eligible for full price Child Health Plus plan effective March 1, 2017.

NYSOH issued an eligibility determination notice on December 9, 2016 stating that your child was eligible for Child Health Plus for a limited time for a cost of \$45.00 per month, effective January 1, 2017. The notice asked you to provide proof of your household income by February 6, 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 provided income documentation to NYSOH on the date of your child's initial application December 8, 2016 in the form of 2015 W-2 statements.

This documentation was invalidated by a NYSOH representative on December 27, 2016 as the documentation provided needed to be in the form of current paystubs from your employers, not a 2015 W-2 statement for prior work in a previous year.

On January 4, 2017, you provided four paystubs for your spouse dated November 25, December 2, 9, and 30, 2016 and paystubs for yourself from your one employer [REDACTED] dated December 22, 2016, and January 5, 2017. However, this documentation was not four weeks of consecutive paystubs for your spouse and did not include your second employer.

On January 12, 2017, NYSOH received the additional paystubs for your second employer [REDACTED] with check dates of October 10, 28, 11, 2016, and January 6, 2017.

This income documentation was invalidated by a NYSOH representative on January 21, 2017. The note in your NYSOH account stated the reason was you provided outdated paystubs. Although you provided the additional paystubs, you provided three from October, and only one recent paystub for your second employer [REDACTED], and your account still did not contain consecutive paystubs for your spouse.

Since NYSOH did not receive the requested income documentation by the deadline, NYSOH system redetermined your child's eligibility from data sources on February 12, 2017, and determined your child was eligible to purchase a Child Health Plus plan at full cost effective, March 1, 2017.

Therefore, NYSOH's February 13, 2017, eligibility determination notice stating your child was eligible to purchase a Child Health Plus plan at full cost, effective March 1, 2017, was proper and is AFFIRMED.

The second issue is whether NYSOH properly determined that your child's enrollment in her Child Health Plus plan at \$45.00 per month was effective April 1, 2017.

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The record reflects you contacted NYSOH on February 17, 2017, and provided an updated application. The application resulted in an eligibility determination notice stating your child was eligible to enroll in a Child Health Plus plan for a cost of \$45.00 per month, effective April 1, 2017, and you enrolled your child in a plan that day.

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 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.

Since you selected your child's plan on February 17, 2017, her plan would therefore properly take effect on the first day of the second month following February; that is, on April 1, 2017.

Therefore, the February 18, 2017, enrollment confirmation notice stating that your child's enrollment in her Child Health Plus plan at a cost of \$45.00 per month would be effective April 1, 2017, was correct and must be AFFIRMED.

Decision

The February 13, 2017, eligibility determination notice is AFFIRMED.

the February 18, 2017, enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 10, 2017

How this Decision Affects Your Eligibility

Your child was eligible for a full cost Child Health Plus plan effective March 1, 2017.

Your child's enrollment in her Child Health Plus plan for \$45.00 per month began April 1, 2017.

If You Disagree with this Decision (Appeal Rights)

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).

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
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211

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- By fax: 1-855-900-5557

Summary

The February 13, 2017, eligibility determination notice is AFFIRMED.

the February 18, 2017, enrollment confirmation notice is AFFIRMED.

Your child was eligible for a full cost Child Health Plus plan effective March 1, 2017.

Your child's enrollment in her Child Health Plus plan for \$45.00 per month began 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 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 okyer& 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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