



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

Notice of Decision

Decision Date: August 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017704

[REDACTED]

Dear [REDACTED]

On July 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 4, 2017 eligibility determination and April 21, 2017 enrollment confirmation 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 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
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Decision

Decision Date: August 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017704



Issue

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

Did NY State of Health provide a timely determination of your children's Child Health Plus eligibility and your and your spouse's Essential Plan eligibility as of April 4, 2017?

Did NY State of Health properly determine that your children's eligibility for and enrollment in their Child Health Plus plans and your and your spouse's eligibility for and enrollment in your Essential Plans were effective May 1, 2017?

Procedural History

On March 15, 2017, NY State of Health (NYSOH) received your family's application for financial assistance with health insurance.

On March 16, 2017, NYSOH issued a notice stating that the information listed in your account did not match what NYSOH received from state and federal data sources, and that more information was needed in order to confirm the information in your application. This notice further directed you to submit proof of income for your household by March 30, 2017.

On March 17, 2017, you uploaded five documents to your NYSOH account.

On March 24, 2017, NYSOH invalidated the documents you uploaded to your NYSOH account.

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On March 25, 2017, NYSOH issued a notice stating that the income documentation you had submitted did not confirm the information in your application. The notice further directed you to submit additional income documentation by March 30, 2017.

On March 28, 2017, you uploaded a document to your NYSOH account.

On April 3, 2017, NYSOH validated the income documentation and an updated application was submitted on your family's behalf. That day, a preliminary eligibility determination was prepared stating that your children were eligible to enroll in Child Health Plus with a \$9.00 monthly premium and you and your spouse were eligibility to enroll in an Essential Plan with a \$20.00 monthly premium, effective May 1, 2017.

Also on April 3, 2017, you spoke to NYSOH's Accounts Review Unit and appealed the start date of your children's Child Health Plus plans, and your and your spouse's Essential Plans insofar as they did not begin on March 1, 2017.

On April 4, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible to enroll in Child Health Plus with a \$9.00 monthly premium, for a limited time, and you and your spouse were eligibility to enroll in an Essential Plan with a \$20.00 monthly premium, effective May 1, 2017.

On April 21, 2017, NYSOH issued a notice of enrollment, based on your plan selection on April 4, 2017, stating that your children were enrolled in Child Health Plus plans and you and your spouse were enrolled in Essential Plans, and that the enrollment start date would be May 1, 2017.

On July 21, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and the record was held open until August 7, 2017 to allow you time to submit supporting documents.

On August 4, 2017, NYSOH's Appeals Unit received a three-page fax from you. This documentation was incorporated into the record as "Appellant's Exhibit #1", and the record was closed that same day.

Findings of Fact

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

- 1) You testified that you are appealing your family's eligibility and enrollment start dates.

- 2) You testified, and the record indicates, that you have two active NYSOH accounts.
- 3) You testified that you attempted to submit an application over the phone on March 7, 2017 but that you ran into issues due to having two active NYSOH accounts.
- 4) The record indicates that there were no applications started on the phone, nor were there any recorded phone calls to the NYSOH call center prior to March 15, 2017 on either account.
- 5) The record indicates that you submitted an application to NYSOH for financial assistance on March 15, 2017.
- 6) The record indicates that you uploaded five documents to your NYSOH account on March 17, 2017.
- 7) On March 25, 2017, NYSOH invalidated the income documentation that was uploaded to your NYSOH account on March 17, 2017 because your application indicated that your spouse had stopped working, but a separation letter was not uploaded.
- 8) On March 28, 2017, you uploaded a separation letter from [REDACTED] prior employer.
- 9) On April 3, 2017, NYSOH validated your income documentation, updated your expected annual income from \$26,000.00 to \$41,470.00 and a completed application for financial assistance with health insurance was run on your family's behalf.
- 10) The record indicates that you and your spouse enrolled into an Essential Plan on April 4, 2017.
- 11) The record indicates that you enrolled your children into Child Health Plus plans on April 4, 2017.
- 12) You testified that you would like your family's coverage to start March 1, 2017 because you were informed by the NYSOH representative that your family's coverage would be backdated after your income documentation was validated.

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 Child Health Plus 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 notice of their eligibility determination within 30 days from the date of the application for a child who is at least 1 year of age but younger than 19 years of age (18 NYCRR 360-2.4(a)(3)(ii)). NYS has elected to use a common application for Medicaid and Child Health Plus, therefore the timeliness standards for Child Health Plus determinations are the same as those for Medicaid determinations (see State Plan Amendment NY-CSPA-19, approved March 22, 2012 and effective November 11, 2011).

Child Health Plus Effective Date

Child Health Plus is a sliding-scale-premium program for children who are in a household that is over-income for regular Medicaid (see NY Public Health Law § 2510 et seq.). Eligibility rules are set out in NY Public Health Law § 2511(2).

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).

Timely Notice of Eligibility Determination, Essential Plan

The terms of 42 CFR § 435.912 (timely determination of eligibility under the Medicaid program) applies to eligibility determinations for enrollment in the state’s standard health plan (42 CFR § 600.320)

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 Essential Plan applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York’s Basic Health Plan Blueprint, p. 16, as approved

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January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The first issue is whether NYSOH provided you with a timely determination of your children's Child Health Plus eligibility and your and your spouse's Essential Plan eligibility as of April 4, 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 testified that you attempted to submit an application for financial assistance with health insurance prior to March 15, 2017, but that you ran into issues because you had two active accounts through NYSOH. However, there is no indication in the record that you attempted to contact NYSOH to submit an application on either account prior to March 15, 2017; which is when NYSOH received your family's application for financial assistance with health insurance.

Your March 15, 2017 application listed an expected annual income for yourself of \$26,000.00, consisting of income you earn from your employment, and an expected annual income for your spouse of \$0.00 because your spouse had stopped working.

The income amount that was entered into this application did not match state and federal data sources. As a result, NYSOH asked that you submit additional income documentation to confirm your household's income.

On March 17, 2017, you uploaded five documents to your NYSOH account and on March 25, 2017, NYSOH invalidated the income documentation because you failed to submit a separation letter from your spouse's former employer.

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On March 28, 2017, you uploaded a separation letter from your spouse's former employer.

Therefore, your application as considered complete as of March 28, 2017 for purposes of issuing an eligibility determination.

NYSOH must provide Child Health Plus plan applicants notice of their eligibility determination within 30 days from the date of the application for a child who is at least 1 year of age but younger than 19 years of age. Further, NYSOH must provide Essential Plan 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.

NYSOH issued an eligibility determination on April 4, 2017 that stated that your children were eligible for a Child Health Plus plan with a \$9.00 monthly premium, for a limited time, and that you and your spouse were eligible for an Essential Plan with a \$20.00 monthly premium, effective May 1, 2017. Since NYSOH issued an eligibility determination 7 days from the date that your application was considered complete, the April 4, 2017 eligibility determination was timely.

The second issue is whether NYSOH properly determined that your children's enrollment in their Child Health Plus plans and your and your spouse's enrollment in your Essential Plans were effective May 1, 2017.

The date on which a Child Health Plus plan and an Essential 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.

The record indicates that you enrolled yourself and your spouse into an Essential Plan, and your children into a Child Health Plus plan on April 4, 2017, so the effective date of your family's plans would be the first month following April 2017, that is, on May 1, 2017.

Therefore, the April 4, 2017 eligibility determination notice and the April 21, 2017 plan enrollment confirmation notice stating that your and your spouse's eligibility and enrollment in the Essential Plan and your children's eligibility for and enrollment in their Child Health Plus plans were effective May 1, 2017, is correct and must be AFFIRMED.

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).

Decision

The April 4, 2017 eligibility determination notice is AFFIRMED.

The April 21, 2017 plan enrollment notice confirmation notice is AFFIRMED.

This Decision has no effect on any subsequent eligibility determinations made by NYSOH.

Effective Date of this Decision: August 11, 2017

How this Decision Affects Your Eligibility

This decision does not change your family's eligibility.

The effective date of your child's Child Health Plus plan is May 1, 2017.

The effective date of your and your spouse's Essential plan is May 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

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).

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
- By fax: 1-855-900-5557

Summary

The April 4, 2017 eligibility determination notice is AFFIRMED.

The April 21, 2017 plan enrollment notice confirmation notice is AFFIRMED.

This decision does not change your family's eligibility.

The effective date of your child's Child Health Plus plan is May 1, 2017.

The effective date of your and your spouse's Essential plan is May 1, 2017.

This Decision has no effect on any subsequent eligibility determinations made by NYSOH.

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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