



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

## Notice of Decision

Decision Date: August 7, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018084

[REDACTED]

Dear [REDACTED]

On July 31, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 29, 2017 eligibility determination notice and April 16, 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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DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Decision

Decision Date: August 7, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018084

[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 children's Child Health Plus eligibility as of May 1, 2017?

Did NY State of Health properly determine that your children's eligibility for and enrollment in their Child Health Plus plan began on April 1, 2017?

## Procedural History

On March 16, 2016, NY state of Health (NYSOH) issued a notice of eligibility determination stating that your children were eligible for Medicaid, effective March 1, 2016.

On April 9, 2016, NYSOH issued a notice of enrollment confirming your children's enrollment in their Medicaid Managed Care plan, effective May 1, 2016.

On January 5, 2017, NYSOH issued a notice that it was time to renew your children's health insurance. That notice stated that NYSOH did not have enough information from state and federal data sources to determine whether or not your son qualified for financial help paying for his coverage. The notice asked that you update the information in your account by February 15, 2017 or the financial assistance your children were receiving may end.

On February 9, 2017, NYSOH received your updated application for financial assistance.

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On February 10, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and more information was needed to make a determination of your children's eligibility. The notice directed you to submit documentation of your household's income by February 24, 2017.

Also on February 10, 2017, NYSOH issued a disenrollment notice stating that your children's coverage would end on February 28, 2017. This was because they were no longer eligible to enroll in their current plan.

On March 2, 2017, income documentation was uploaded to your NYSOH account.

On March 7, 2017, NYSOH redetermined your children's eligibility for financial assistance with health insurance.

On March 8, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to purchase a qualified health plan at full cost through NYSOH, effective April 1, 2017.

On March 10, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On March 11, 2017, NYSOH issued a notice advising you that documentation to confirm the income information in your application had not been received.

On March 20, 2017, NYSOH received your updated application for financial assistance and you uploaded income documentation to your NYSOH account.

On March 21, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and more information was needed to make a determination of your children's eligibility. The notice directed you to submit documentation of your household's income by April 4, 2017.

On March 26, 2017, you uploaded income documentation to your NYSOH account.

On March 28, 2017, NYSOH reviewed the income documentation you submitted, updated the income information in your application based on that documentation, and submitted an application on your behalf.

On March 29, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus, effective May 1, 2017.

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On April 7, 2017, you selected a Child Health Plus plan for your children for enrollment.

Also on April 7, 2017, incident [REDACTED] was created. That incident reflects that you were seeking for your children's enrollment in their Child Health Plus plan to begin as of March 1, 2017.

On April 8, 2017, NYSOH issued a notice of enrollment, based on your April 7, 2017 plan selection, stating that your children were enrolled in their Child Health Plus plan effective May 1, 2017.

On April 15, 2017, incident [REDACTED] was resolved and NYSOH backdated your children's enrollment in their Child Health Plus plan to April 1, 2017.

On April 16, 2017, NYSOH issued a notice of enrollment confirming your children's enrollment in their Child Health Plus plan, effective April 1, 2017.

On April 17, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your children's Child Health Plus plan began on April 1, 2017 and not on March 1, 2017.

On July 31, 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 that you are seeking to have your children's Child Health Plus plan begin on March 1, 2017, because you have outstanding bills for treatment your children received in March 2017.
- 2) Your NYSOH account reflects that you updated your application on February 9, 2017.
- 3) You testified that you faxed paystubs to NYSOH on February 13, 2017.
- 4) The record reflects that on February 13, 2017 you faxed two paystubs to NYSOH. These paystubs are biweekly paystubs dated January 27, 2017 and February 10, 2017. This documentation was not uploaded to your NYSOH account until March 2, 2017.
- 5) On March 10, 2017, NYSOH reviewed the February 13, 2017 submission and determined that these paystubs were invalid proof of your income as

- one of the paystubs was outdated and the required documentation was two current consecutive biweekly pay stubs dated within thirty days.
- 6) You testified that you are paid on a biweekly basis.
  - 7) You testified that when you faxed the January 27, 2017 and February 10, 2017 paystubs on February 13, 2017, these were your two most recent paystubs.
  - 8) On March 20, 2017, you uploaded two paystubs to your NYSOH account. These paystubs are for pay periods February 2, 2017 to February 15, 2017 and February 16, 2017 to March 1, 2017.
  - 9) On March 26, 2017, you uploaded two paystubs to your NYSOH account. These paystubs are for pay dates February 24, 2017 and March 10, 2017.
  - 10) On March 28, 2017, NYSOH reviewed the income documentation you submitted and determined that this was sufficient proof of your income.
  - 11) Your NYSOH account reflects that on April 7, 2017 you enrolled your children into a Child Health Plus plan.
  - 12) On April 7, 2017, incident [REDACTED] was created. That incident reflects that you were seeking for your children's enrollment in their Child Health Plus plan to begin as of March 1, 2017. On April 15, 2017, NYSOH backdated your children's enrollment in their Child Health Plus plan to 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

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

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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).

### Child Health Plus – Income Verification

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant’s household income. If NYSOH is unable to verify the applicant’s household income using available data sources, then NYSOH must request additional information from the applicant. NYSOH must provide the applicant with a reasonable period of time to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

### 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 who are a child at least one year of age but younger than 19 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)). 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).

## **Legal Analysis**

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The first issue is whether NYSOH provided you with a timely determination of your children's Child Health Plus eligibility as of May 1, 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 children's application for financial assistance with health insurance on February 9, 2017. 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.

On February 13, 2017, you submitted two paystubs via fax to NYSOH.

These paystubs were uploaded to your NYSOH account on March 2, 2017.

On March 10, 2017, NYSOH determined that the February 13, 2017 income documentation submission was invalid because one of the paystubs was outdated and the required documentation was two current consecutive biweekly pay stubs dated within thirty days.

However, the record reflects that when you faxed the January 27, 2017 and February 10, 2017 paystubs to NYSOH on February 13, 2017, these were your two most recent biweekly paystubs. Furthermore, these paystubs were within thirty days of February 13, 2017.

Therefore, your application was complete as of February 13, 2017.

NYSOH must provide applicants who are a child at least one year of age but younger than 19 years of age 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 has never determined your children's eligibility based on your application which was complete as of February 13, 2017, therefore, there was no timely eligibility determination notice issued based on this application.

The second issue is whether NYSOH properly determined that your children's eligibility for and enrollment in their Child Health Plus plan began on April 1, 2017.

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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.

You submitted sufficient documentation of your household's income on February 13, 2017. Had NYSOH properly verified your income documentation, your children's eligibility could have been determined as soon as February 13, 2017. Had NYSOH issued an eligibility determination on February 13, 2017, you would have been able to select a Child Health Plus plan for your children as soon as February 13, 2017.

Were you able to select a Child Health Plus plan for your children as of February 13, 2017, your children's eligibility for and enrollment in their Child Health Plus plan would have taken effect on the first day of the first month following after February 13, 2017; that is, on March 1, 2017.

Therefore, the March 29, 2017 eligibility determination is MODIFIED to state that your children were eligible for Child Health Plus effective March 1, 2017. The April 16, 2017 enrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plan was effective March 1, 2017.

Your case is RETURNED to NYSOH to enroll your children in their Child Health Plus plan as of March 1, 2017.

## **Decision**

The March 29, 2017 eligibility determination is MODIFIED to state that your children were eligible for Child Health Plus effective March 1, 2017.

The April 16, 2017 enrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plan was effective March 1, 2017.

Your case is RETURNED to NYSOH to enroll your children in their Child Health Plus plan as of March 1, 2017.

**Effective Date of this Decision:** August 7, 2017

## **How this Decision Affects Your Eligibility**

Your children's eligibility for and enrollment in their Child Health Plus plan should have begun as of March 1, 2017.

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).

Your case is being sent back to NYSOH to enroll your children in their Child Health Plus plan as of March 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

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).

- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The March 29, 2017 eligibility determination is MODIFIED to state that your children were eligible for Child Health Plus effective March 1, 2017.

The April 16, 2017 enrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plan was effective March 1, 2017.

Your children's eligibility for and enrollment in their Child Health Plus plan should have begun as of March 1, 2017.

Your case is RETURNED to NYSOH to enroll your children in their Child Health Plus plan as of March 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)**

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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&btumi 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.

## **אײַדיש (Yiddish)**

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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.

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).