



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

Notice of Decision

Decision Date: August 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018199

[REDACTED]

Dear [REDACTED],

On August 1, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 7, 2017 eligibility determination and March 9, 2017 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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Decision

Decision Date: August 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018199



Issues

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

Did NY State of Health (NYSOH) provide a timely determination of your and your children's eligibility for financial assistance?

Did NYSOH properly determined that you and your eldest child were enrolled in an Essential Plan and your three younger children were enrolled in a Child Health Plus plan, with enrollment start dates of April 1, 2017?

Procedural History

On January 12, 2017, you submitted an application for financial assistance through NYSOH.

On January 13, 2017, NYSOH issued a notice stating that your family's application had been reviewed, however, the income in the application did not match what NYSOH received from state and federal data sources. The notice directed you to submit additional proof of income by January 27, 2017, to confirm the information in your application.

On January 16, 2017 and January 27, 2017, you faxed additional income documentation to NYSOH (see Documents [REDACTED])

On February 22, 2017, NYSOH issued a notice stating that the documentation reviewed did not confirm the information in your application. The notice directed you to provide additional proof of income by March 13, 2017.

On February 24, 2017, NYSOH issued a notice stating that your family's application had been reviewed, however, the income in the application did not match what NYSOH received from state and federal data sources. The notice directed you to submit additional proof of income by March 13, 2017, to confirm the information in your application.

On February 27, 2017, additional income documentation was uploaded to your account (see Document [REDACTED]).

On March 6, 2017, your NYSOH account was updated.

On March 7, 2017, NYSOH issued an eligibility determination notice stating that you and your eldest child were eligible to enroll in the Essential Plan effective April 1, 2017, and your three younger children were eligible for Child Health Plus effective as of April 1, 2017.

On March 9, 2017, NYSOH issued a plan enrollment notice confirming that your family was enrolled in health plans on March 8, 2017, with your and your eldest child's Essential Plan and your three younger children's Child Health Plus plan enrollment start dates of April 1, 2017.

On April 20, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start dates of your family's Essential Plan and Child Health Plus plan.

On August 1, 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 appealing your family's Essential Plan and Child Health Plus enrollment start dates.
- 2) According to your account and testimony, you are applying for health insurance for your four children and yourself.
- 3) According to your NYSOH account your children were born on: [REDACTED]; and [REDACTED], respectively.

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- 4) According to your January 12, 2017 application, you attested to three sources of income: (1) [REDACTED] for yourself; (2) Unemployment Insurance Benefits (UIB) for yourself; and (3) [REDACTED] for your eldest child.
- 5) On January 13, 2017, NYSOH issued a notice directing you to submit additional income documentation. The notice included a list of acceptable documentation to document your household's income (see Document [REDACTED]).
- 6) On January 16, 2017, four weekly paystubs from [REDACTED] were submitted to NYSOH. The pay dates were December 22, 2016, December 29, 2016, January 5, 2017, and January 12, 2017 (see Document [REDACTED]).
- 7) On January 16, 2017, you faxed your weekly earnings statements for [REDACTED] for the pay dates of January 6, 2017, and January 13, 2017 (see Document [REDACTED]).
- 8) On January 27, 2017, you faxed your weekly earnings statements for [REDACTED] for the pay dates of January 20, 2017, and January 27, 2017 (see Document [REDACTED]).
- 9) According to your NYSOH account, on February 21, 2017, the documentation submitted was determined to be invalid because proof of your UIB was not submitted.
- 10) According to your February 23, 2017 application, you attested to two sources of income: (1) [REDACTED], Inc. for yourself; and (2) [REDACTED] for your eldest child.
- 11) You testified that you contacted NYSOH at the end of February 2017 and were informed by a NYSOH representative that your eldest child's income had not been received.
- 12) On February 27, 2017, four weekly paystubs from [REDACTED] were submitted to NYSOH. The pay dates were February 2, 2017, February 9, 2017, February 16, 2017, and February 23, 2017 (see Document [REDACTED]).
- 13) According to your NYSOH account, on March 8, 2017, you and your eldest child were enrolled in an Essential Plan and your three youngest children were enrolled in a Child Health Plus plan.

- 14) You testified you want your family's Essential Plan and Child Health Plus plan to be effective February 1, 2017, to cover any medical expenses that were incurred in February 2017 and March 2017.

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

Applicable Law and Regulations

Timely Notice of Eligibility Determination

When an individual applies for insurance, 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 45 days from the date of the completed application (42 CFR § 435.912). NYSOH must provide Medicaid applicants notice of their eligibility determination within 30 days from the date of the completed 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)).

The terms of 42 CFR § 435.912, timely determination of eligibility under the Medicaid program, applies to eligibility determinations for enrollment in the Essential Plan (42 CFR § 600.320(b)).

The terms of 42 CFR § 435.912, timely determination of eligibility under the Medicaid program, applies equally to Child Health Plus (42 CFR § 457.340(d)(1)).

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)).

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Child Health Plus Effective Date

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).

Essential Plan - Income Verification

For all individuals whose income is needed to calculate the household’s eligibility, NYSOH must request data that will allow the NYSOH to verify the household’s income (45 CFR §155.320(c)(1)(i)). 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 §600.345 (a); see also New York’s Basic Health Plan Blueprint, p. 17, as approved January 2016; <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

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

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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 under review is whether NYSOH provided a timely determination of your and your children's eligibility for financial assistance.

On January 12, 2017, you submitted an application for health insurance for your family through NYSOH. In that application, you attested to the following sources of income: [REDACTED] and UIB for yourself, and [REDACTED] for your eldest child.

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.

The income information that was entered into your January 12, 2017 application did not match federal and state data sources. As a result, on January 13, 2017 NYSOH issued a notice directing you to submit additional income documentation to confirm your eligibility. The notice issued by NYSOH directed you to submit additional documentation that included a list of acceptable documentation to provide proof of your household income (see Document [REDACTED]).

On January 16, 2017, you submitted weekly paystubs, for your eldest child, for the pay dates of December 22, 2016, December 29, 2016, January 5, 2017, and January 12, 2017 (see Document [REDACTED]).

On January 16, 2017 and January 27, 2017, you submitted your weekly earnings statements for the pay dates of January 6, 2017, January 13, 2017, January 20, 2017, and January 27, 2017 (see Documents [REDACTED] and [REDACTED]).

On February 21, 2017, NYSOH determined that the documentation submitted was insufficient to satisfy the request for additional documentation because you did not submit any proof regarding your UIB.

On February 23, 2017, your NYSOH account was updated and UIB was removed as a source of income. Since you had already submitted sufficient documentation of your and your eldest child's income for the two remaining sources of income, your application was complete as February 23, 2017.

NYSOH must provide adults notice of their eligibility determination within 45 days from the date of the completed application. A notice of eligibility determination, for a child who is at least one year of age but younger than 19, must be issued within 30 days from the date of the completed application.

On March 7, 2017, NYSOH issued an eligibility determination notice stating that you and your eldest child were eligible for the Essential Plan and your three younger children were eligible for Child Health Plus, effective April 1, 2017. Since NYSOH issued an eligibility determination 12 days from the date your application was considered complete, the March 7, 2017 eligibility determination notice was timely.

The second issue under review is whether NYSOH properly determined that you and your eldest child were enrolled in an Essential Plan and your three younger children were enrolled in a Child Health Plus plan, with enrollment start dates of April 1, 2017.

The record reflects that you and your eldest child were enrolled in an Essential Plan, and your three youngest children were enrolled in a Child Health Plus plan on March 8, 2017.

The date on which enrollment in a Child Health Plus and an Essential 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 the plans were selected on March 8, 2017, the plans would properly take effect on the first day of the first month after March 8, 2017; that is, on April 1, 2017.

Therefore, the March 9, 2017 plan enrollment notice stating that you and your eldest child were enrolled in an Essential Plan and your three younger children were enrolled in a Child Health Plus plan, with enrollment start dates of April 1, 2017, is AFFIRMED.

Decision

The March 7, 2017 eligibility determination notice was timely.

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 9, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: August 25, 2017

How this Decision Affects Your Eligibility

Your and your eldest child's Essential Plan has an enrollment start date of April 1, 2017.

Your three younger children's Child Health Plus plan has an enrollment start date of 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 7, 2017 eligibility determination notice was timely.

The March 9, 2017 plan enrollment notice is AFFIRMED.

Your and your eldest child's Essential Plan has an enrollment start date of April 1, 2017.

Your three younger children's Child Health Plus plan has an enrollment start date of 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。我们可以为您免费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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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&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.

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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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