



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

Notice of Decision

Decision Date: August 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019043

[REDACTED]

Dear [REDACTED],

On August 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 10, 2017 eligibility determination, and May 18, 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 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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Decision

Decision Date: August 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019043



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 child's Child Health Plus eligibility as of May 10, 2017?

Did NY State of Health properly determined that your child was enrolled in a Child Health Plus plan with a \$9.00 monthly premium, effective June 1, 2017?

Procedural History

On January 9, 2017, NY State of Health (NYSOH) issue a notice stating that your and your child's Medicaid coverage through your local Department of Social Services was ending on March 31, 2017. This notice further directed you to renew your coverage through NYSOH between February 16, 2017 and March 15, 2017.

On March 6, 2017, NYSOH received your updated application for financial assistance.

On March 7, 2017, NYSOH issued a notice stating that the information that was entered into your application did not match what NYSOH received from state and federal data sources, and that more information was needed to confirm the information in your application. This notice further directed you to submit household income documentation for you and your child by March 21, 2017.

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On March 10, 2017, you uploaded two documents to your NYSOH account.

On March 21, 2017, NYSOH invalidated the income documentation you submitted.

On March 22, 2017, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information in your application. This notice further directed you to submit additional household income documentation by April 5, 2017.

No additional income documentation was uploaded to your account by April 5, 2017.

On April 16, 2017, NYSOH issued an eligibility determination stating that you and your child were eligible to enroll into a full price qualified health plan, effective May 1, 2017. This notice further stated that this was because NYSOH did not receive the requested income documentation by the due date.

On May 9, 2017, you uploaded three documents to your NYSOH account.

Also on May 9, 2017, NYSOH validated your documents and submitted an updated application on your behalf.

On May 10, 2017, NYSOH issued an eligibility determination stating that your child was eligible to enroll in a Child Health Plus plan with a \$9.00 monthly premium, effective June 1, 2017.

On May 17, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as it started on June 1, 2017, and it did not start on May 1, 2017.

On May 18, 2017, NYSOH issued a plan enrollment notice, based on your May 17, 2017 plan selection, confirming your child's enrollment in a Child Health Plus plan with a \$9.00 monthly premium, effective June 1, 2017.

On August 17, 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 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 the start date of your child's Child Health Plus plan.

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- 2) The record reflects that you updated your application for financial assistance with health insurance on March 6, 2017.
- 3) The application that was submitted on March 6, 2017 listed annual household income of \$14,820.00, consisting of income you earn from your employment.
- 4) On March 10, 2017, you uploaded income documentation to your NYSOH account.
- 5) On March 21, 2017, NYSOH invalidated the income documentation you submitted on March 10, 2017 because NYSOH stated that it was illegible and they were unable to read the income information.
- 6) On May 9, 2017, you uploaded income documentation to your NYSOH account.
- 7) The record reflects that NYSOH validated your income documentation on May 9, 2017.
- 8) The record reflects that you selected and enrolled your child into a Child Health Plus plan on May 17, 2017.
- 9) You testified that you would like your child's coverage to start as of May 1, 2017 because you have unpaid medical bills from that month.

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

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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

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).

Legal Analysis

The first issue is whether NYSOH provided you with a timely determination of your child's Child Health Plus eligibility as of May 10, 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 NYSOH account on March 6, 2017. Your March 6, 2017 application listed an expected annual household income of \$14,820.00, consisting of income you earn from your employment.

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

On March 10, 2017, you uploaded one document to your NYSOH account. On March 21, 2017, NYSOH invalidated the income documentation that was uploaded to your NYSOH account because NYSOH was unable to read the document to confirm the income information. Subsequently, on March 22, 2017, NYSOH issued a notice stating that the income documentation you provided was not sufficient to confirm the income information in your application, and requested that you submit additional income documentation by April 5, 2017. No income documentation was received by April 5, 2017, and NYSOH found your child eligible for a full price qualified health plan, effective May 1, 2017.

However, on May 9, 2017, you uploaded three documents to your NYSOH account. Therefore, your application as considered complete as of May 9, 2017.

Also on May 9, 2017, NYSOH validated the documents, and your child was found eligible to enroll in a Child Health Plus plan with a \$9.00 monthly premium, effective June 1, 2017.

NYSOH must provide 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. 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 May 10, 2017 stating that your child was eligible for a Child Health Plus plan with a \$9.00 monthly premium, effective

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June 1, 2017. Since NYSOH issued an eligibility determination one day from the date that your application was considered complete, the May 10, 2017 eligibility determination was timely, and is AFFIRMED.

The second issue is whether NYSOH properly determined that your child's enrollment in a Child Health Plus plan with a \$9.00 monthly premium was effective June 1, 2017.

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.

Your Child Health Plus enrollment selection for your child was received on May 17, 2017, so the effective date of that plan would be the first day of the second month following May 2017, that is, on July 1, 2017.

However, it appears from the enrollment history tab in your NYSOH account that NYSOH has allowed your child's Child Health Plus enrollment to start as of June 1, 2017 even though you selected a plan after the 15th of the month.

Therefore, the March 18, 2017 enrollment confirmation notice stating that your children's eligibility for and enrollment in a Child Health Plus plan with a \$9.00 monthly premium was effective June 1, 2017 is AFFIRMED.

Decision

The May 10, 2017 eligibility determination is AFFIRMED.

The March 18, 2017 plan enrollment notice is AFFIRMED.

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

Effective Date of this Decision: August 28, 2017

How this Decision Affects Your Eligibility

This Decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is July 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).

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):

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The May 10, 2017 eligibility determination is AFFIRMED.

The March 18, 2017 plan enrollment notice is AFFIRMED.

This Decision does not change your child's eligibility.

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

Legal Authority

We are sending you this notice 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 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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