



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

## Notice of Decision

Decision Date: May 26, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019213

[REDACTED]

Dear [REDACTED],

On May 26, 2017, you and your authorized representative appeared by telephone at a hearing on your appeal of NY State of Health's May 23, 2017 eligibility determination and May 24, 2017 plan 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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## Decision

Decision Date: May 26, 2017

NY State of Health Account ID: [REDACTED]  
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## 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 child's Child Health Plus eligibility on May 23, 2017?

Did NY State of Health properly determine that your child's Child Health Plus plan began on July 1, 2017?

## Procedural History

On March 23, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance.

On March 24, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan, for a limited time, effective May 1, 2017. This notice further directed you to submit income documentation confirming your child's household income by April 7, 2017, and for yourself by June 21, 2017.

On March 24, 2017, NYSOH issued a notice stating more information was needed to make a determination on your child's eligibility. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. This notice further directed you to submit income documentation confirming your child's household income by April 7, 2017, and for yourself by June 21, 2017.

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Also on March 24, 2017, NYSOH issued a disenrollment notice stating that your child's coverage in their Child Health Plus plan would end on April 30, 2017.

No income documentation was received by April 7, 2017.

On April 18, 2017, NYSOH ran a new application for financial assistance with health insurance.

On April 19, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for an Essential Plan, for a limited time, and that your child was eligible for a full price qualified health plan, effective June 1, 2017. This notice stated that this was because no income documentation was submitted by the deadline and NYSOH could not determine if your child was eligible for help paying for health insurance without this information. This notice further directed you to submit income documentation for yourself by June 21, 2017 to confirm eligibility for the members of your household.

On May 17, 2017, you uploaded a document to your NYSOH account.

On May 22, 2017, NYSOH verified and validated the income documentation you submitted on May 17, 2017 and updated your application for financial assistance with health insurance.

On May 23, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan and that your child was eligible for a Child Health Plus plan with a \$9.00 monthly premium, effective July 1, 2017.

Also on May 23, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your child's Child Health Plus plan, insofar, as your child's plan started on July 1, 2017 and not May 1, 2017.

On May 24, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on May 23, 2017, confirming your child's enrollment in his Child Health Plus plan with a \$9.00 monthly premium, effective July 1, 2017.

Also on May 24, 2017 documentation was uploaded to your NYSOH account in support of an expedited hearing request. Your request was approved and an expedited telephone hearing was scheduled.

On May 26, 2017, you had an expedited telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the hearing. During the hearing, [REDACTED], acted as your authorized representative and assisted you with your testimony. 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) According to your NYSOH account, NYSOH received your application for financial assistance with health insurance on March 23, 2017.
- 2) The record reflects, and your authorized representative testified, that you receive all notices from NYSOH by electronic alert.
- 3) The record reflects, and your authorized representative testified, that your email address is [REDACTED]
- 4) You authorized representative stated that you received the March 24, 2017 notice stating that additional income information was needed, but you thought that you had until June 21, 2017 to submit the income documentation.
- 5) Your authorized representative testified that you were unaware your child had been disenrolled from his Child Health Plus plan until you were informed by his doctor that his insurance was no longer going through.
- 6) The record indicates that on May 17, 2017, you uploaded a letter from your employer, dated May 17, 2017, stating that you made \$500.00 a week in income from your employment.
- 7) The record reflects that, on May 22, 2017, NYSOH validated and verified your income documentation and an updated application was run on your behalf.
- 8) The record reflects, and your authorized representative testified, that you selected a Child Health Plus plan for enrollment for your child on May 23, 2017.
- 9) Your authorized representative testified that you are seeking a start date of May 1, 2017, and not July 1, 2017 because your child cannot receive the care he needs without his insurance coverage.

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

## **Applicable Law and Regulations**

### Verification Process

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).

For all individuals, whose income is needed to calculate the household's eligibility, NYSOH must request data from state and federal data sources 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

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 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)).

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“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 timely determination of your child’s Child Health Plus eligibility as of May 23, 2017.

For all individuals whose income is needed to calculate the household’s eligibility, NYSOH must request data from state and federal data sources 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 23, 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 child’s household income by April 7, 2017, and income documentation for yourself by June 21, 2017.

Your authorized representative testified that you did not know that you needed to submit income documentation by April 7, 2017, and you thought that you had until June 21, 2017 to submit the requested income documentation. Your authorized representative testified, and the record reflects, that you elected to receive alerts regarding notices from NYSOH electronically. Your authorized representative further testified that you received the March 24, 2017 notice stating that you needed to submit additional income documentation. Therefore, NYSOH properly notified you of the inconsistency on your account and that additional information was needed to confirm your child’s household income.

No income documentation was uploaded to your account by April 7, 2017.

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On April 18, 2017, NYSOH reran your application for financial assistance with health insurance. Subsequently, on April 19, 2017, NYSOH issued an eligibility determination stating that your child was eligible for a full price qualified health plan, effective June 1, 2017. This notice further stated that NYSOH did not receive the income documentation needed to verify the income listed in your March 23, 2017 application and without this information NYSOH could not determine your child's eligibility for help paying for health insurance. This notice further directed you to submit income documentation for yourself by June 21, 2017.

On May 17, 2017, you uploaded a letter from your employer, dated May 17, 2017, which states that your weekly income is \$500.00.

Therefore, your application was considered complete, in regards to your child's eligibility, as of May 17, 2017.

On May 22, 2017, NYSOH verified and validated the income documentation and an application for financial assistance with health insurance was rerun on your child's behalf.

NYSOH must provide applicants 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 look at the time from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on May 23, 2017 that stated your child was eligible for a Child Health Plus plan with a \$9.00 monthly premium, effective July 1, 2017. Since, NYSOH issued an eligibility determination six days from the date your application was considered complete, the May 23, 2017 eligibility determination was timely.

The second issue is whether NYSOH properly determined that your child's enrollment in his Child Health Plus plan is effective July 1, 2017.

The record reflects that you selected a Child Health Plus plan for enrollment on May 23, 2017.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. If an application for insurance coverage is received through NYSOH by the 15th of the month, benefits are provided on the first day of the next month. If an application is received after the 15th of the month, coverage begins the first day of the second following month.



Your application and Child Health Plus enrollment selection for your child was received by NYSOH on May 23, 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.

Therefore, the May 23, 2017 eligibility determination notice and the May 24, 2017 plan enrollment notice stating that your child's eligibility for and enrollment in his Child Health Plus plan was effective July 1, 2017, are correct and must be AFFIRMED.

## **Decision**

The May 23, 2017 eligibility determination was timely and is AFFIRMED.

The May 24, 2017 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** May 26, 2017

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

This decision does not affect your child's eligibility.

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

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 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
- By fax: 1-855-900-5557

### **Summary**

The May 23, 2017 eligibility determination was timely and is AFFIRMED.

The May 24, 2017 plan enrollment notice is AFFIRMED.

This decision does not affect your child's eligibility.

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

### **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&tumi 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.

### **אײִדיש (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.

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