



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

Notice of Decision

Decision Date: October 2, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020277

[REDACTED]

Dear [REDACTED],

On September 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 7, 2017 enrollment confirmation 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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Issues

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

Did NY State of Health (NYSOH) properly determine that you and your oldest child's enrollment in an Essential Plan was effective August 1, 2017?

Did NYSOH properly determine that your youngest child's enrollment in her Child Health Plus (CHP) plan began on August 1, 2017?

Procedural History

On April 3, 2017, NYSOH issued a notice stating that you and your children had Medicaid coverage through the Onondaga Department of Social Services, and that this coverage was ending as of June 30, 2017. The notice directed you to log into your NYSOH account between May 16, 2017 and June 15, 2017 to complete an application for coverage.

On June 13, 2017, your NYSOH account was updated.

On June 14, 2017, NYSOH issued a notice of eligibility determination stating that you and your oldest child were eligible to receive up to \$466.00 per month in advance payments of the premium tax credit (APTC), effective July 1, 2017. The notice also stated that your youngest child was eligible for CHP, with a monthly premium of \$30.00, effective July 1, 2017. The notice further directed you to select a plan for your youngest child.

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On June 26, 2017, you updated your NYSOH application, including your income information.

On June 27, 2017, NYSOH issued a notice of eligibility determination stating that you and your oldest child were eligible to enroll in the Essential Plan with a \$20.00 monthly premium each, for a limited time, effective August 1, 2017. The notice also stated that your youngest child was eligible for CHP with a \$9.00 monthly premium, effective August 1, 2017. Lastly, the notice also directed you to submit documentation of your income by September 24, 2017.

On July 6, 2017, you selected an Essential Plan for enrollment on behalf of yourself and your oldest child, and a CHP plan on behalf of your youngest child.

That same day, you spoke to NYSOH's Account Review Unit and appealed the start date of you and your oldest child's enrollment in your Essential Plan, and your youngest child's enrollment in her CHP plan, insofar as they did not begin on July 1, 2017.

On July 7, 2017, NYSOH issued an enrollment confirmation notice, confirming that you and your oldest child were enrolled in an Essential Plan, beginning August 1, 2017, and your youngest child was enrolled in a CHP plan, beginning August 1, 2017.

On September 25, 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 submitted an application to NYSOH for financial assistance on June 13, 2017.
- 2) You and your oldest child were found eligible for APTC, and your youngest child was found eligible for CHP, both effective July 1, 2017. However, no health plans were selected for enrollment.
- 3) On June 26, 2017, you updated your NYSOH account and changed your expected annual income.
- 4) You testified that, right after you updated your application for coverage through NYSOH on June 13, 2017, you broke your [REDACTED] on [REDACTED].

- 5) You testified that, as a result of [REDACTED], you stopped working, and that this was why you updated the income information in your application.
- 6) You testified that you were told that, because the changes were made after the fifteenth of the month, you and your children would not have coverage until August 1, 2017.
- 7) You testified that you were out of work for the entire month of July 2017, and that you are still out of work.
- 8) You testified that the last paycheck you received from your job was dated June 29, 2017. You uploaded this paycheck to your NYSOH account on July 25, 2017 (Document [REDACTED]).
- 9) You testified that you received NY State Short Term Disability payments in the month of July 2017, and that you received \$170.00 per week.
- 10) On August 1, 2017, you uploaded a copy of a paystub from [REDACTED] [REDACTED] dated July 25, 2017 for a total of \$340.00 for the period from July 7, 2017 through July 20, 2017. The document states that you have received a gross total of \$680.00 in disability benefits, and that your payment after taxes is \$313.99 (Document [REDACTED]).
- 11) On August 30, 2017, you uploaded a letter from your employer, dated August 30, 2017, stating that you have been on a medical leave of absence since June 13, 2017, and have not yet been cleared to return to work (Document [REDACTED]).
- 12) On September 7, 2017, you uploaded a copy of a check from [REDACTED] [REDACTED] dated July 11, 2017 for a total of \$313.99 (Document [REDACTED]) and a second check dated July 25, 2017 for \$313.99 (Document [REDACTED]).
- 13) Your NYSOH account indicates that, on August 29, 2017, you updated your NYSOH application and requested assistance with paying medical bills for the month of July 2017 on behalf of yourself and your two children. Your account reflects that this request is still outstanding, as NYSOH requested income documentation.
- 14) You testified that you are looking for any coverage that you and your children might be eligible for in the month of July 2017, as you have unpaid medical bills for all three of you from that month.

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

Applicable Law and Regulations

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>).

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)).

Child Health Plus

The “period of eligibility” for CHP 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 [CHP], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [CHP] 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 CHP 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 under review is whether NYSOH properly determined that you and your oldest child were eligible for, and enrolled in, Essential Plan coverage as of August 1, 2017.

You testified that you first updated your NYSOH application on June 13, 2017. You and your oldest child were found eligible to receive a tax credit; however, no plan selection was made at that time. You testified that, the day after you updated your account, you became injured and had to stop working. You testified that, because of this, you updated your application again on June 26, 2017. As a result, you and your oldest child were found eligible for the Essential Plan as of August 1, 2017. You enrolled into a plan on July 6, 2017.

The date on which enrollment in 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 goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

On July 6, 2017, you selected an Essential Plan, so you and your oldest child's enrollment properly took effect on the first day of the month following July: that is, on August 1, 2017.

Therefore, the July 7, 2017 enrollment confirmation notice, insofar as it states that you and your oldest child's enrollment in the Essential Plan was effective August 1, 2017, is correct and must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that your youngest child's enrollment in her CHP plan began on August 1, 2017.

Your NYSOH account reflects that your child was first found eligible for CHP with a \$30.00 monthly premium as of the June 14, 2017 eligibility determination. However, no plan was selected for your child at that time. Instead, on June 26, 2017, you updated your NYSOH account and your youngest child was then found eligible for CHP with a \$9.00 monthly premium, effective August 1, 2017. You selected a plan for enrollment on her behalf on July 6, 2017.

The date on which a CHP 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 selected a CHP plan on behalf of your youngest child on July 6, 2017, so your child's enrollment properly took effect on the first date of the month following July: that is, on August 1, 2017.

Therefore, the July 7, 2017 enrollment confirmation notice, insofar as it states that your youngest child's enrollment in her CHP Plus plan began on August 1, 2017, is correct and must be AFFIRMED.

However, during the hearing you indicated that you are seeking any coverage that you and your children may be eligible for in the month of July 2017. To that end, you applied for help paying for medical bills from the month of July 2017 when you updated your NYSOH application on August 29, 2017. NYSOH has not yet determined whether you and your children are eligible for retroactive Medicaid coverage in the month of July 2017, as they have requested income documentation from that month.

During the hearing, you testified that your last paycheck from your job, before you went out on disability, was dated June 29, 2017, and you supplied a copy of that paystub to NYSOH, as well as a letter from your employer indicating that you went out on a medical leave of absence on [REDACTED]. You testified that your only income in the month of July 2017 came from two NYS Disability Insurance, and you supplied copies of the checks you received on July 11, 2017 and July 25, 2017. Moreover, you provided a stub showing that your gross biweekly disability income is \$340.00. This documentation was supplied to NYSOH prior to your hearing.

It cannot be determined from the documentation you provided whether your disability payments are included in your modified adjusted gross income, as it is unclear how much your employer contributes to your disability premiums. However, even if the full amount of your disability payments is countable income, then your income is no more than \$680.00 for the month of July 2017.

Therefore, your case is RETURNED to NYSOH to determine whether you and your children were eligible for Medicaid in the month of July 2017, based on your household income for that month of \$680.00 for a household of three.

Decision

The July 7, 2017 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to make a determination as to your, and your children's, eligibility for Medicaid in the month of July 2017, based on the fact that your income was, at most, \$680.00 from disability insurance payments.

Effective Date of this Decision: October 2, 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).

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your enrollment, and your oldest child's enrollment, in your Essential Plan coverage was August 1, 2017.

The effective date of your youngest child's enrollment in her CHP plan was August 1, 2017.

Your case is being sent back to NYSOH to make a determination as to your, and your children's, eligibility for Medicaid in the month of July 2017, based on the fact that you had no income other than \$680.00 in short term disability benefits in that month.

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

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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 July 7, 2017 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to make a determination as to your, and your children's eligibility for Medicaid in the month of July 2017, based on the fact that your income was, at most, \$680.00 from disability insurance payments.

This decision does not change your eligibility.

The effective date of your enrollment, and your oldest child's enrollment, in your Essential Plan coverage was August 1, 2017.

The effective date of your youngest child's enrollment in her CHP plan was August 1, 2017.

Your case is being sent back to NYSOH to make a determination as to your, and your children's, eligibility for Medicaid in the month of July 2017, based on the fact that you had no income other than \$680.00 in short term disability benefits in that month.

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 bɛtumi ama wo obi a okyerɛ 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.

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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