



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

Notice of Decision

Decision Date: October 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020872

[REDACTED]

Dear [REDACTED],

On October 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 14, 2017 eligibility determination notice, the April 14, 2017 enrollment confirmation notice, and July 27, 2017 eligibility determination 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 Date: October 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020872

[REDACTED]

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 newborn's Child Health Plus eligibility as of September 1, 2017?

Did NYSOH properly determine that your newborn's eligibility for her Child Health Plus with a \$30.00 premium was effective September 1, 2017?

Procedural History

On December 23, 2016, a certified application counselor submitted an updated application for financial assistance on your behalf. Specifically, you added your newborn to your account.

On December 24, 2016, NYSOH issued a notice of eligibility determination stating that your newborn was eligible for Child Health Plus with a \$30.00 monthly premium for a limited time, effective December 1, 2016. This notice directed you to submit proof of your household's income by February 21, 2017 and proof of your newborn's citizenship status and social security number by March 23, 2017 in order to confirm your newborn's eligibility for financial assistance.

Also on December 24, 2016, NYSOH issued a notice of enrollment confirmation stating that your newborn was enrolled in a Child Health Plus plan with a \$30.00 monthly premium effective December 1, 2016.

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On January 20, 2017, you faxed a copy of your newborn's birth certificate and social security card to NYSOH. These were uploaded to your NYSOH account on January 31, 2017.

On February 10, 2017, NYSOH reviewed the proof of citizenship and social security number you submitted for your newborn and determined that these were sufficient to prove her citizenship status. That day, NYSOH updated your application to include your newborn's social security number, and submitted an application on your behalf.

On February 11, 2017, NYSOH issued a notice of eligibility determination stating that your newborn was eligible for Child Health Plus with a \$30.00 monthly premium for a limited time, effective December 1, 2016. This notice directed you to submit proof of your household's income by February 21, 2017 in order to confirm your newborn's eligibility for financial assistance.

On February 17, 2017, NYSOH issued a notice of enrollment confirmation stating that your newborn was enrolled in a Child Health Plus plan with a \$30.00 monthly premium effective December 1, 2016.

On February 21, 2017, you faxed four paystubs to NYSOH. These were uploaded to your NYSOH account on March 21, 2017.

On March 29, 2017, NYSOH reviewed the income documentation you submitted and determined that this was sufficient proof of your household income, however, no updated application was submitted on your behalf.

On April 13, 2017, NYSOH redetermined your newborn's eligibility for financial assistance.

On April 14, 2017, NYSOH issued a notice of eligibility determination stating that your newborn was eligible for Child Health Plus with a \$60.00 monthly premium, effective May 1, 2017. This was because you did not send in documentation to confirm the household income listed in your application.

Also on April 14, 2017, NYSOH issued a notice of enrollment confirmation stating that your newborn was enrolled in a Child Health Plus plan with a \$60.00 monthly premium effective December 1, 2016.

On July 26, 2017, you updated your newborn's application for financial assistance. That day, a preliminary eligibility determination was prepared with regard to that application, stating that your newborn was eligible for Child Health Plus with a \$30.00 monthly premium as of September 1, 2017.

Also on July 26, 2017, you spoke with NYSOH's Account Review Unit and appealed insofar as your newborn's Child Health Plus \$30.00 monthly premium was effective September 1, 2017 and not May 1, 2017.

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On July 27, 2017, NYSOH issued a notice of eligibility determination stating that your newborn was eligible for Child Health Plus with a \$30.00 monthly premium, effective September 1, 2017.

Also on July 27, 2017, NYSOH issued a notice of enrollment confirmation stating that your newborn was enrolled in a Child Health Plus plan with a \$30.00 monthly premium effective December 1, 2016.

On October 17, 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 for your newborn's Child Health Plus premium to be \$30.00 for the months of May 2017, June 2017, July 2017, and August 2017.
- 2) You testified that your newborn was born on [REDACTED].
- 3) Your NYSOH account reflects that you updated your NYSOH account with a certified application to include your newborn on December 23, 2017.
- 4) You testified that the certified application counselor advised you that you would need to provide your newborn's birth certificate and social security card once these were available.
- 5) You testified that once you received your newborn's social security card, you provided this to the certified application counselor who had assisted you.
- 6) On January 20, 2017, your newborn's birth certificate and social security card were faxed to NYSOH. These were uploaded to your NYSOH account on January 31, 2017.
- 7) You testified that you receive your notices from NYSOH by regular mail.
- 8) You testified that you believe you did receive the December 24, 2016 eligibility determination notice and the February 11, 2017 eligibility determination notice, but you did not realize that you needed to submit income documentation.

- 9) You testified that you did provide documentation of your income to the certified application counselor who was assisting you.
- 10) On February 21, 2017, you faxed four paystubs to NYSOH. These are for pay dates January 27, 2017, February 3, 2017, February 10, 2017, and February 17, 2017. These were uploaded to your NYSOH account on March 21, 2017.
- 11) On March 29, 2017, NYSOH reviewed the income documentation you submitted and determined that this was sufficient proof of your income.
- 12) NYSOH never determined your eligibility for financial assistance based on the paystubs you submitted on February 21, 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 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

The first issue is whether NYSOH provided you with a timely determination of your newborn's Child Health Plus eligibility as of September 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 NYSOH account to include your newborn and submitted an application for financial assistance on December 23, 2016. The income amount

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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 household income.

On February 21, 2017, you faxed four consecutive paystubs to NYSOH.

Therefore, your application was completed as of February 21, 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 newborn's eligibility based on your application which was complete as of February 21, 2017, therefore, there was no timely eligibility determination notice issued based on this application.

The second issue is whether NYSOH properly determined that your newborn's eligibility for her Child Health Plus with a \$30.00 premium was effective September 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.

You submitted sufficient documentation of your household's income on February 21, 2017. Had NYSOH properly verified your income documentation, your newborn's eligibility could have been determined as soon as February 21, 2017. Had your newborn's eligibility been determined on February 21, 2017, your newborn's eligibility for her Child Health Plus plan with a \$30.00 monthly premium would have taken effect on the first day of the second month following after February; that is, on April 1, 2017.

Therefore, the July 27, 2017 eligibility determination notice is MODIFIED to reflect that your newborn was eligible for Child Health Plus with a \$30.00 monthly premium effective April 1, 2017.

As the April 14, 2017 eligibility determination notice and April 14, 2017 enrollment confirmation notice were issued without regard to the income documentation you submitted on February 21, 2017, these are RESCINDED.

Your case is RETURNED to NYSOH to ensure that your newborn's Child Health Plus monthly premium is set at \$30.00 for the months of May 2017, June 2017, July 2017, and August 2017.

Decision

The July 27, 2017 eligibility determination notice is MODIFIED to reflect that your newborn was eligible for Child Health Plus with a \$30.00 monthly premium effective April 1, 2017.

The April 14, 2017 eligibility determination notice is RESCINDED.

The April 14, 2017 enrollment confirmation notice is RESCINDED.

Your case is RETURNED to NYSOH to ensure that your newborn's Child Health Plus monthly premium is set at \$30.00 for the months of May 2017, June 2017, July 2017, and August 2017.

Effective Date of this Decision: October 26, 2017

How this Decision Affects Your Eligibility

Your newborn's Child Health Plus plan monthly premium should have been \$30.00 for the months of May 2017, June 2017, July 2017, and August 2017.

Your case is being sent back to NYSOH to make sure that your newborn's premium for those months is set at \$30.00.

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

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

Summary

The July 27, 2017 eligibility determination notice is MODIFIED to reflect that your newborn was eligible for Child Health Plus with a \$30.00 monthly premium effective April 1, 2017.

The April 14, 2017 eligibility determination notice is RESCINDED.

The April 14, 2017 enrollment confirmation notice is RESCINDED.

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Your newborn's Child Health Plus plan monthly premium should have been \$30.00 for the months of May 2017, June 2017, July 2017, and August 2017.

Your case is RETURNED to NYSOH to ensure that your newborn's Child Health Plus monthly premium is set at \$30.00 for the months of May 2017, June 2017, July 2017, and August 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)

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&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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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