



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

Notice of Decision

Decision Date: November 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021988

[REDACTED]

[REDACTED]

On November 6, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's August 29, 2017 eligibility determination notice and August 31, 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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Decision Date: November 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021988

[REDACTED]

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

Did NY State of Health properly determine that your newborn's eligibility for and enrollment in her Child Health Plus plan began on October 1, 2017?

Procedural History

On July 12, 2017, you updated your household's application for financial assistance to include your newborn.

On July 13, 2017, NY State of Health (NYSOH) issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was needed in order to determine your newborn's eligibility for financial assistance. This notice directed you to submit proof of your household income by July 27, 2017 and to submit proof of your newborn's citizenship status and social security number by October 10, 2017.

On July 13, 2017, you updated your household's application for financial assistance.

On July 18, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal

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data sources and that additional information was needed in order to determine your newborn's eligibility for financial assistance. This notice directed you to submit proof of your household income by July 27, 2017 and to submit proof of your newborn's citizenship status and social security number by October 10, 2017.

No income documentation was received by July 27, 2017.

On August 7, 2017, NYSOH redetermined your newborn's eligibility for financial assistance.

On August 8, 2017, NYSOH issued a notice of eligibility determination stating that your newborn was conditionally eligible to purchase a qualified health plan at full cost through NYSOH, effective September 1, 2017. This notice directed you to submit proof of your newborn's citizenship status and social security number by October 10, 2017.

On August 8, 2017, you uploaded your newborn's birth certificate and social security card to your NYSOH account.

Also on August 8, 2017, NYSOH reviewed the documentation you submitted, updated your newborn's social security number in your application, and submitted an updated application on your behalf.

On August 9, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was needed in order to determine your newborn's eligibility for financial assistance. This notice directed you to submit proof of your household income by August 23, 2017.

Also on August 9, 2017, you updated your household's application for financial assistance.

On August 10, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was needed in order to determine your newborn's eligibility for financial assistance. This notice directed you to submit proof of your household income by August 23, 2017.

On August 28, 2017, you uploaded income documentation to your NYSOH account.

Also on August 28, 2017, NYSOH reviewed the income documentation you submitted, determined that this was sufficient proof of your household's income, and submitted an updated application on your behalf.

On August 29, 2017, NYSOH issued a notice of eligibility determination stating that your newborn was eligible for Child Health Plus, effective October 1, 2017.

On August 30, 2017, you contacted NYSOH and enrolled your newborn in a Child Health Plus plan.

Also on August 30, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your newborn was not eligible for Child Health Plus as of the date of her birth.

On November 6, 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 plan to begin as of her date of birth. You testified that your newborn has had to undergo extensive medical treatment since her birth, for which you have paid out of pocket.
- 2) You testified that your newborn [REDACTED]
- 3) Your NYSOH account reflects that you first updated your account to include your newborn on July 12, 2017.
- 4) On August 8, 2017, you uploaded your newborn's birth certificate and social security card to your NYSOH account.
- 5) On August 28, 2017, you uploaded your and your spouse's jointly filed 2016 tax return.
- 6) On August 28, 2017, NYSOH reviewed the income documentation you submitted and determined this to be sufficient proof of your household's income.
- 7) Your NYSOH account reflects that you selected a Child Health Plus plan for enrollment for your newborn on August 30, 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 - General

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 – Newborns

A newborn child who is eligible for Child Health Plus shall be enrolled retroactively to the first day of the month in which the child is born, provided that the applicant submitted a completed application and required information and documentation within sixty days of the child’s birth (NY Public Health Law §2511(2)(i)(i), effective January 1, 2017).

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 October 1, 2017.

You updated your household's application to include your newborn on July 12, 2017. The income amount that was entered into this application did not match what NYSOH had received from federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your 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.

On August 28, 2017, you uploaded your and your spouse's jointly filed 2016 tax return to your NYSOH account.

Therefore, your application was complete as of August 28, 2017 for purposes of issuing an eligibility determination.

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

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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 notice on August 29, 2017 that stated that your newborn was eligible for Child Health Plus, effective October 1, 2017. Since NYSOH issued an eligibility determination notice one day from the date your application was considered complete, the August 29, 2017 eligibility determination notice was timely.

The second issue is whether NYSOH properly determined that your newborn's eligibility for and enrollment in her Child Health plus plan began on October 1, 2017.

The record reflects that you contacted NYSOH on August 30, 2017 and enrolled your newborn into a Child Health Plus plan.

In the case of newborns born after January 1, 2017, the newborn will be enrolled retroactively to the first day of the month in which the child was born, provided that the applicant submitted a completed application and required information and documentation within sixty (60) days of the child's birth.

The record reflects that your newborn was born on [REDACTED], however, you did not submit the required income documentation until August 28, 2017, which is more than 60 days from the child's birth. Therefore, your child is not eligible for retroactive enrollment in her Child Health Plus plan.

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.

As you selected a plan for enrollment on August 30, 2017, your newborn's Child Health Plus plan properly began on the first day of the second month following August 2017; that is, on October 1, 2017.

Therefore, the August 29, 2017 eligibility determination notice and the August 31, 2017 enrollment confirmation notice are AFFIRMED as they properly began your newborn's eligibility for and enrollment in her Child Health Plus plan as of October 1, 2017.

Decision

The August 29, 2017 eligibility determination notice is AFFIRMED.

The August 31, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: November 15, 2017

How this Decision Affects Your Eligibility

Your newborn's eligibility for and enrollment in her Child Health Plus plan properly began on October 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

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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):

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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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The August 29, 2017 eligibility determination notice is AFFIRMED.

The August 31, 2017 enrollment confirmation notice is AFFIRMED.

Your newborn's eligibility for and enrollment in her Child Health Plus plan properly began on October 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 srɛ wo, frɛ 1-855-355-5777. ye&ɛtumi 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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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