



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

Notice of Decision

Decision Date: January 19, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023493

[REDACTED]

[REDACTED]

On December 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 18, 2017 eligibility determination and 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 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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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 (NYSOH) provide a timely determination of your household's eligibility as of October 18, 2017?

Did NYSOH properly determine that your and your oldest child's enrollment in the Essential Plan began December 1, 2017?

Did NYSOH properly determine that your two younger children's enrollment in a Child Health Plus plan began December 1, 2017?

Procedural History

Between August 7, 2017 and October 17, 2017, you submitted several applications to NYSOH on behalf of yourself and your three children, which applications were dated August 7, 26, 28, and 31, 2017, September 5, and 15, 2017, and October 2, 16, and 17, 2017.

During this timeframe, you also provided income documentation for yourself and two of your children at NYSOH's request. Specifically, on September 1, 9, and 22, 2017, and October 3 and 6, 2017, NYSOH issued notices stating the income information in your applications did not match what NYSOH received from state and federal data sources and directed you to provide further proof of your household income. The income documentation you submitted during this timeframe was determined to be invalid by NYSOH, mainly because it was incomplete.

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On October 12, and 15, 2017, NYSOH received your household's remaining income documentation.

On October 16, 2017, NYSOH verified your household's income documentation as acceptable proof of income and your application was deemed complete.

On October 16, and 17, 2017, NYSOH submitted updated applications for your household with an annual income of \$46,460.67.

On October 18, 2017, NYSOH issued an eligibility determination notice stating that, effective December 1, 2017, you and your oldest child were eligible for the Essential Plan for a cost of \$20.00 per month; and, also effective December 1, 2017, your two youngest children were determined eligible for Child Health Plus at \$9.00 per month each. This notice also stated that you and your children were not eligible for Medicaid because your annual household income was over the allowable income limit for that program.

On October 18, 2017, NYSOH issued a plan enrollment notice based on your plan selection on October 17, 2017, confirming your and your oldest child's enrollment in the Essential Plan with a \$20.00 monthly premium each, effective December 1, 2017. The notice also stated your two youngest children were enrolled in a Child Health Plus plan at \$9.00 per month each, effective December 1, 2017.

On October 18, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your and your oldest child's Essential Plan and your two youngest children's Child Health Plus insofar as all enrollments began December 1, 2017, and not November 1, 2017.

On December 11, 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) According to your NYSOH and your testimony, you are appealing your and your oldest child's enrollment start date of the Essential Plan. You are also appealing the start date of your two youngest children's enrollment in their Child Health Plus plan. You are seeking a start date of November 1, 2017, for everyone in your household.
- 2) The application submitted on August 7, 2017, stated you had an expected annual household income for 2017 of \$36,400.00.

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- 3) According to your NYSOH account, NYSOH received an updated application for financial assistance on August 28, 2017, in which you indicated you were now applying for insurance in addition to your three children.
- 4) On October 12, and 15, 2017, NYSOH received your and your children's remaining income documentation.
- 5) On October 16, 2017, NYSOH verified your and your children's income documentation as acceptable proof of income, changed your household income to \$46,460.67, and submitted applications on your household's behalf October 16, and 17, 2017.
- 6) NYSOH issued an eligibility determination on October 18, 2017, finding you and your oldest child eligible for the Essential Plan and your two youngest children eligible for Child Health Plus, effective December 1, 2017.
- 7) According to your NYSOH account, you selected an Essential Plan for you and your oldest child on October 17, 2017.
- 8) According to your NYSOH account, you selected a Child Health Plus plan for your two youngest children on October 17, 2017.
- 9) The application submitted on October 17, 2017, listed an annual household income of \$46,460.67.
- 10) You testified you will be filing your 2017 taxes as Head of Household and will claim your three children as dependents.
- 11) You and your three children reside in Orange County, NY.

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

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opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

Timely Notice of 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 45 days from the date of the application (42 CFR § 435.912).

NYSOH must provide Medicaid applicants who are an infant older than one year of age but younger than nineteen 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)).

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 Effective Date

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 under review is whether NYSOH provided a timely determination of your household’s eligibility as of October 18, 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.

The record reflects that you updated your NYSOH account seven times between August 7, 2017 and October 2, 2017. The income amount that was entered into these applications did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income. Notices were issued requesting further income documentation on September 1, 9, and 22, 2017, and October 3 and 6, 2017.

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On October 12 and 15, 2017 NYSOH received your and your children's remaining income documentation. NYSOH verified those documents as acceptable proofs of income on October 16, 2017, and your household's application was deemed complete.

Therefore, your application was considered complete as of October 15, 2017 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. For children under age 19 NYSOH must provide notice of their eligibility 30 days from the date of a 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 issued an eligibility determination notice on October 18, 2017 that stated you and your oldest child were eligible for the Essential Plan, your two youngest children were eligible for Child Health Plus, and your household was not eligible for Medicaid, effective December 1, 2017. Since NYSOH issued an eligibility determination three days from the date your application was considered complete, the October 18, 2017 eligibility determination notice was timely.

The second issue under review is whether NYSOH properly determined that your and your oldest child's enrollment in the Essential Plan began December 1, 2017.

You testified, and the record indicates, that you submitted your NYSOH application on October 17, 2017. As a result, you and your oldest child were found eligible for the Essential Plan as of December 1, 2017. Also on October 17, 2017, you selected and enrolled yourself and your oldest child into an Essential Plan.

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.

Since you selected an Essential Plan on October 17, 2017, your and your oldest child's enrollment properly took effect on the first day of the second month following October 2017; that is, on December 1, 2017.

Therefore, the October 18, 2017 plan enrollment notice stating that your and your oldest child's enrollment in the Essential Plan was effective December 1, 2017, is correct and must be AFFIRMED.

The third issue under review is whether NYSOH properly determined that your two younger children's enrollment in their Child Health Plus plan was effective December 1, 2017.

The record supports that, on October 17, 2017, you enrolled your two younger children into a 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.

Since you selected a Child Health Plus plan on October 17, 2017 for your two younger children, their enrollment properly took effect on the first day of the second month following October 2017; that is, on December 1, 2017.

Therefore, the October 18, 2017 plan enrollment notice confirming that your two younger children's enrollment in their Child Health Plus plan was effective December 1, 2017, is correct and must be AFFIRMED.

Decision

The October 18, 2017 eligibility determination notice was timely issued.

The October 18, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: January 19, 2018

How this Decision Affects Your Eligibility

Your and your oldest child's enrollment in your Essential Plan is effective December 1, 2017.

Your two younger children's enrollment in their Child Health Plus plan is effective December 1, 2017.

If You Disagree with this Decision (Appeal Rights)

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).

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):

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

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- By fax: 1-855-900-5557

Summary

The October 18, 2017 eligibility determination notice was timely issued.

The October 18, 2017 plan enrollment notice is AFFIRMED.

Your and your oldest child's enrollment in your Essential Plan is effective December 1, 2017.

Your two younger children's enrollment in their Child Health Plus plan is effective December 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 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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