



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

Notice of Decision

Decision Date: January 10, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023726

[REDACTED]

On December 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 26, 2017 plan enrollment and October 1, 2017 eligibility determination 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: January 10, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000023726

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the NY State of Health properly determine that your newborn child's eligibility for Child Health Plus and enrollment in a Child Health Plus plan were effective November 1, 2017?

Procedural History

On July 24, 2017, your newborn child was added to your NY State of Health (NYSOH) account and an application for financial assistance was processed on your child's behalf.

On July 25, 2017, NYSOH issued a notice stating that the income information listed in your application did not match what NYSOH received from state and federal data sources and that more information was needed to confirm your child's eligibility. This notice directed you to submit proof of household income by August 8, 2017, and your child's citizenship status and social security number by October 22, 2017.

On August 17, 2017, NYSOH received your updated application for financial assistance with health insurance, which included your child's social security number and the same household income information as listed in your July 24, 2017 application.

After several document submissions being invalidated, on September 21, 2017, you uploaded one document to your NYSOH account.

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On September 22, 2017, NYSOH validated the income documentation you submitted, and a new application with updated income information was submitted on your child's behalf. That same day, a preliminary eligibility determination was prepared finding your child eligible to enroll in a Child Health Plus (CHP) plan with a \$15.00 monthly premium, effective November 1, 2017.

On September 26, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in a CHP plan with a \$15.00 monthly premium, effective November 1, 2017.

On October 1, 2017, NYSOH issued an eligibility determination, based on the September 22, 2017 application, stating in part that your child was eligible to enroll in a CHP plan with a \$15.00 monthly premium, effective November 1, 2017.

On October 25, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP plan coverage insofar as it began on November 1, 2017, and not July 1, 2017.

On December 19, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open until January 3, 2017 to allow you time to submit supporting documentation

On December 27, 2017, you uploaded one document; which contained the supporting documentation, onto your NYSOH account. This documentation was made part of the record as "Appellant Exhibit #1" and the record was closed that day.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified that you are appealing your child's CHP plan start date.
- 2) According to your NYSOH account and your testimony, your child was born on [REDACTED].
- 3) According to your NYSOH account and your testimony, you added your child to your account on July 24, 2017, and applied for health insurance on his behalf.
- 4) You testified that you were asked for income documentation at that time.
- 5) According to your NYSOH account and your testimony, you submitted income documentation multiple times, but those documents were found to be incomplete.

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- 6) You testified that you work as a [REDACTED] therefore, you don't get paid consistently due to the nature of your work.
- 7) You testified and provided a self-attesting letter stating that you only received two paychecks for the month of August 2017 (Appellant Exhibit #1).
- 8) The record indicates that your child was found eligible to enroll into a CHP plan on September 22, 2017.
- 9) The record indicates that your child was enrolled into a CHP plan on September 25, 2017, and his coverage started as of November 1, 2017.
- 10) You testified that your child has unpaid medical bills for the months that he was without coverage and you want your child's CHP coverage to start as of July 1, 2017.

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 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).

Child Health Plus

CHP 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 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

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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).

On December 22, 2015, the Governor of New York signed into law an amendment to NY Public Health Law § 2511(2)(g) stating that in the case of a newborn enrolled into CHP, the date of enrollment shall be the date of the child’s birth if the parent applied for insurance prior to the child’s birth or within 60 days after the child’s birth. This amendment was scheduled to take effect as of January 1, 2016 (S04745B, Chap 577, Laws of New York, 2015). However, on April 8, 2016, the Governor of New York signed an amendment to chapter 577 of the Laws of 2015, which delayed the effective date to January 1, 2017. (S06421A, Chap 27, Laws of New York, 2016; NY Public Health Law § 2511(2)(i)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your newborn child’s eligibility for, and enrollment in, his CHP plan was effective November 1, 2017.

Your child was born [REDACTED], and on July 24, 2017, your child was added to your NYSOH account. Subsequently, NYSOH issued a notice stating that the information that was listed in your application did not match state and federal data sources. As a result, NYSOH asked that you submit income documentation to confirm your child’s household income by August 8, 2017.

For all individuals who apply for health insurance through NYSOH, NYSOH must determine their eligibility promptly and without undue delay. 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

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to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

After several document submissions being invalidated, on September 21, 2017, you uploaded an additional paystub, which was validated on September 22, 2017 and an updated application with a new household income amount was submitted on your child's behalf. As a result, your child was found eligible to enroll in a CHP plan with a \$15.00 monthly premium, effective November 1, 2017.

Ordinarily, in New York State, the date on which a CHP plan can take effect typically 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.

However, section 2511 of the Public Health Law has been amended to provide that CHP coverage shall be retroactive to the first day of the month of birth for newborns, effective January 1, 2017, provided that the application for coverage on behalf of the child was made prior to, or within sixty days of, the child's birth.

You testified and your NYSOH account indicates that your child was born on [REDACTED] [REDACTED] You updated your NYSOH account to include him on July 24, 2017, and requested health insurance on his behalf. Therefore, since you applied for insurance for your newborn child through NYSOH within sixty days of his birth, your child's CHP coverage should have started the first day of the month of his birth; which was July 1, 2017.

Therefore, the September 26, 2017 plan enrollment and October 1, 2017 eligibility determination notices are MODIFIED to reflect that your child was eligible for CHP and enrolled in his CHP plan, effective July 1, 2017.

Your case is RETURNED to NYSOH to effectuate your child's enrollment in his CHP plan as of July 1, 2017, and to notify you accordingly.

Decision

The September 26, 2017 plan enrollment and October 1, 2017 eligibility determination notices are MODIFIED to reflect that your child was eligible for CHP and enrolled in his CHP plan, effective July 1, 2017.

Your case is RETURNED to NYSOH to effectuate your child's enrollment in his CHP plan as of July 1, 2017, and to notify you accordingly.

Effective Date of this Decision: January 10, 2018

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How this Decision Affects Your Eligibility

The effective date of your child's CHP eligibility and CHP plan coverage should have been July 1, 2017.

Your case is being sent back to NYSOH to enroll your child into his CHP plan as of July 1, 2017. NYSOH will notify you once the change in his start date is made.

You will be responsible for any premium payments for months that your child is enrolled into coverage.

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

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 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).

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 September 26, 2017 plan enrollment and October 1, 2017 eligibility determination notices are MODIFIED to reflect that your child was eligible for CHP and enrolled in his CHP plan, effective July 1, 2017.

Your case is RETURNED to NYSOH to effectuate your child's enrollment in his CHP plan as of July 1, 2017, and to notify you accordingly.

The effective date of your child's CHP eligibility and CHP plan coverage should have been July 1, 2017.

Your case is being sent back to NYSOH to enroll your child into his CHP plan as of July 1, 2017. NYSOH will notify you once the change in his start date is made.

You will be responsible for any premium payments for months that your child is enrolled into coverage.

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 مجانًا.

বাংলা (Bengali)

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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.

אײַדיש (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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