



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

Notice of Decision

Decision Date: January 25, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024658

[REDACTED]

[REDACTED]

On January 16, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's September 15, 2017 eligibility determination and October 17, 2017 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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Decision Date: January 25, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024658

[REDACTED]

Issues

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

Did NY State of Health provide you with a timely determination of your child's ([REDACTED]) Child Health Plus eligibility as of September 15, 2017?

Did NY State of Health properly determine that child's enrollment in a Child Health Plus plan was effective December 1, 2107?

Procedural History

On July 31, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance.

On August 1, 2017, NYSOH issued a notice stating that the income information you entered into your application did not match what NYSOH received from state and federal data sources and more information was needed to confirm the information in your account. This notice directed you to submit household income documentation by August 15, 2017 to confirm, in part, your child's eligibility [REDACTED]; hereinafter known as "child" or "child's"), eligibility.

Also on August 1, 2017, NYSOH issued a plan disenrollment notice confirming, in part, that your child, was disenrolled from his Child Health Plus plan, effective August 31, 2017.

On August 26, 2017, you uploaded one document to your NYSOH account.

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).

On August 29, 2017, NYSOH invalidated the income documentation that was uploaded to your NYSOH account.

On August 30, 2017, NYSOH issued a notice stating that the documentation received did not confirm the information in your application. The notice directed you to submit additional income documentation to confirm your child's eligibility by October 21, 2017.

On August 31, 2017, NYSOH uploaded a four-page faxed document to your account, as faxed on August 22, 2017.

On September 1, 2017, NYSOH validated the documentation that was uploaded to your NYSOH account on August 31, 2017 as it pertained to your child's eligibility, but there was no income documentation found in this document.

On September 2, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information listed in your application. The notice directed you to submit additional income documentation by October 21, 2017, to confirm your child's eligibility.

On September 12, 2017, you faxed a four-page document to NYSOH, which was uploaded to your account on September 13, 2017.

On September 14, 2017, NYSOH validated the income documentation and an updated application was submitted on your behalf.

On September 15, 2017, NYSOH issued an eligibility determination notice stating, in part, that your child was eligible to enroll in a Child Health Plus plan with a \$9.00 monthly premium, effective October 1, 2017, and that you needed to pick a health plan.

On October 17, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on October 16, 2017, confirming, in part, your child's enrollment in a Child Health Plus plan with a \$9.00 monthly premium, effective December 1, 2017.

On November 21, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of your child's Child Health Plus plan start date as it started as of December 1, 2017 and not September 1, 2017.

On January 11, 2017, you were scheduled to have a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. That day, you requested and the Hearing Officer granted an adjournment.

On January 16, 2017, you had an adjourned hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the telephone hearing. 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 only appealing your one child's Child Health Plus enrollment start date.
- 2) You testified that a certified application counselor with Fidelis Care NY assists you with your applications for health insurance for your family.
- 3) You testified that your spouse stopped working in July 2017, which is why you updated your NYSOH account.
- 4) You testified that you were unaware that your child lost coverage after updating your NYSOH account.
- 5) According to your NYSOH account, your child was [REDACTED] at all times relevant.
- 6) According to your NYSOH account, your child's Child Health Plus coverage was terminated effective August 31, 2017.
- 7) You testified that you remember sending in multiple documents, including income documents, to NYSOH, but that you do not recall what you sent in and when you sent in these documents.
- 8) On August 28, 2017, you uploaded your most recent biweekly paystub, dated August 18, 2017, to your NYSOH account.
- 9) On August 29, 2017, NYSOH invalidated the income documentation you submitted on August 28, 2017 because there was only one biweekly paystub uploaded.
- 10) According to your NYSOH account, you faxed a four-page document to NYSOH on August 22, 2017; which was uploaded to your account on August 31, 2017.
- 11) This faxed documentation did not contain any income documentation and was not sufficient to solve the income inconsistencies in your application.

- 12) On September 12, 2017, you faxed a four-page document to NYSOH that was uploaded to your NYSOH account on September 13, 2017. This four-page fax contained two of your most recent biweekly paystubs, dated August 18, 2017 and September 1, 2017.
- 13) On September 14, 2017, NYSOH validated your two paystubs and an updated application was submitted on your behalf.
- 14) According to your NYSOH account, on September 15, 2017, your child was found eligible to enroll in a Child Health Plus plan with a \$9.00 per month premium, effective October 1, 2017.
- 15) According to your NYSOH account, you selected a Child Health Plus plan for your child's enrollment on October 16, 2017, with an enrollment start date of December 1, 2017.
- 16) You testified that you are seeking a September 1, 2017 start date for your child's Child Health Plus plan coverage because your child has unpaid medical bills from that month.
- 17) You also testified that you also do not want your child to have a gap in coverage.

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

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 notice of their eligibility determination within 30 days from the date of the application for a child who is at least 1 year of age but younger than 19 years of age (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).

Child Health Plus Effective Date

Child Health Plus 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 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 you with a timely determination of your child's Child Health Plus plan eligibility as of September 15, 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.

On July 31, 2017, NYSOH received your updated application for financial assistance with health insurance. However, the income information listed in your application did not match what NYSOH received from state and federal data sources. As a result, NYSOH directed you to submit income documentation to confirm the household income information listed in your application to confirm your child's eligibility.

On August 28, 2017, you uploaded one of your biweekly paystubs to your NYSOH account. On August 29, 2017, NYSOH invalidated the income document because you had not submitted sufficient documentation to demonstrate your income for four consecutive weeks.

On August 31, 2017, NYSOH uploaded the four-page documentation that you had faxed on August 22, 2017. This four-page document contained a copy of your youngest child's birth certificate, your youngest child's social security card, and a letter from Fidelis Care. On September 1, 2017, NYSOH validated the documentation as it pertained to your youngest child's eligibility. However, the faxed document did not contain any income documents necessary to determine your [REDACTED] child's eligibility.

On September 12, 2017, you faxed a four-page document to NYSOH, which was uploaded to your NYSOH account on September 13, 2017. This document contained your two most recent biweekly paystubs, dated August 18, 2017 and September 1, 2017. As a result, your application was considered complete on September 12, 2017 for determining your child's eligibility.

Also, as of [REDACTED], your child was [REDACTED]. 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 issued an eligibility determination notice on September 15, 2017 stating, in part, that your child was eligible to enroll in a Child Health Plus plan with a \$9.00 monthly premium, effective October 1, 2017. Since an eligibility determination was issued by NYSOH three days from the date your application was considered complete, the September 15, 2017 eligibility determination notice was timely.

The second issue under review is whether NYSOH properly determined that your child's enrollment in his Child Health Plus plan was effective December 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. 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.

The record reflects that you selected your child's Child Health Plus plan on October 16, 2017, which date is after the 15th of the month. As such, your child's enrollment in his Child Health Plus plan would properly begin the first day of the second month following October 2017; that is, on December 1, 2017.

Therefore, the October 17, 2017 plan enrollment notice stating that your child's enrollment in his Child Health Plus plan was effective December 1, 2017, is correct and must be AFFIRMED.

Decision

The September 15, 2017 eligibility determination notice was timely issued.

The October 17, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: January 25, 2018

How this Decision Affects Your Eligibility

This decision does not affect your child's eligibility.

The effective date of your child's Child Health Plus plan is 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 U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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 September 15, 2017 eligibility determination notice was timely issued.

The October 17, 2017 plan enrollment notice is AFFIRMED.

This decision does not affect your child's eligibility.

The effective date of your child's Child Health Plus plan is December 1, 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).

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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।

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).

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 b&tumi ama wo obi a okyer& 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.

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).