



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

### Notice of Decision

Decision Date: March 6, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025249

[REDACTED]

Dear [REDACTED],

On February 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 8, 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 NY State of Health 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

Decision Date: March 6, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025249



## 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 children's eligibility as of November 8, 2017?

Did NY State of Health properly determine that your children's enrollment in their Child Health Plus plan was effective December 1, 2017?

## Procedural History

On October 10, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance.

On October 11, 2017, NYSOH issued a notice stating that the information that was listed in your application did not match what NYSOH received from state and federal data sources and that more information was needed to confirm the information in your application. The notice directed you to submit proof of household income by October 25, 2017, to confirm your children's eligibility.

On October 16, 2017, you faxed a four-page document to NYSOH, which was uploaded to your NYSOH account on October 17, 2017.

On October 18, 2017, NYSOH invalidated the income documentation you provided, and issued a notice on October 19, 2017, stating that additional information was still required to confirm your children's eligibility.

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On November 7, 2017, NYSOH received your family's updated application for financial assistance with health insurance.

On November 8, 2017, NYOSH issued an eligibility determination stating, in part, that your children were eligible to enroll in Child Health Plus with \$9.00 monthly premiums each, effective December 1, 2017.

Also on November 8, 2017, NYSOH issued a plan enrollment notice confirming, in part, your children's enrollment in Child Health Plus plans with \$9.00 monthly premiums each, effective December 1, 2017.

On December 4, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's Child Health Plus plans insofar as their enrollment did not begin as of November 1, 2017.

On February 23, 2018, 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 only appealing your children's eligibility for and enrollment in their Child Health Plus plans.
- 2) According to your NYSOH account, you submitted an updated application on October 10, 2017.
- 3) The application submitted on October 10, 2017, listed an expected annual household income of \$35,100.80, consisting of income you and your spouse earn from your employment.
- 4) The application that was submitted on October 10, 2017, indicated that you were separated from your employment on September 29, 2017.
- 5) On October 16, 2017, you faxed a four-page document to NYSOH. This consisted of your spouse's four weekly paystubs, dated September 22, 2017, September 29, 2017, October 6, 2017 and October 13, 2017.
- 6) On October 18, 2017, NYSOH invalidated the income documentation you submitted because the paystubs you submitted were illegible and you failed to submit a letter of separation from your employer.

- 7) According to your NYSOH account, you submitted an updated application on November 7, 2017, and your children were found eligible to enroll into Child Health Plus plans with \$9.00 monthly premiums each, effective December 1, 2017.
- 8) According to your NYSOH account and your testimony, you enrolled your children into Child Health Plus plans on November 7, 2017, with an enrollment start date of December 1, 2017.
- 9) You testified that you need your children's Child Health Plus plans to begin on November 1, 2017, because one of your children has unpaid medical bills from that month.

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

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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

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 children’s eligibility as of November 9, 2017.

You submitted an updated application for financial assistance with health insurance on October 10, 2017. The income amount that was entered into 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 your household’s income.

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

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

You submitted a four-page fax to NYSOH on October 16, 2017, which contained your spouse's four weekly paystubs. This fax was uploaded to your NYSOH account on October 17, 2017.

On October 18, 2017, NYSOH invalidated the income documentation you provided because the paystubs you submitted were illegible. You also failed to submit a termination letter from your employment even though you indicated in your October 10, 2017 application that you had stopped working. Subsequently, on October 19, 2017, NYSOH issued a notice stating that the income information that you have submitted was not sufficient to solve the inconsistencies in your NYSOH account. The notice directed you to submit additional information in order to confirm your children's eligibility.

However, instead of submitting additional income documentation, the record indicates that you submitted an updated application for financial assistance on November 7, 2017. The income listed in this application was consistent with the income information NYSOH had received from state and federal data sources, and additional income documentation was no longer needed. Therefore, your application was considered complete as of November 7, 2017.

NYSOH must provide CHP applicants notice of their eligibility determination within 30 days from the date of a completed application for a child who is at least 1 year of age but younger than 19 years of age. 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.

On November 8, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible to enroll in Child Health Plus plans with \$9.00 monthly premiums, effective December 1, 2017. Since NYSOH issued an eligibility determination notice one day from the date that your application was considered complete, the November 8, 2017 eligibility determination notice was timely.

The second issue under review is whether NYSOH properly determine that your children's enrollment in their Child Health Plus plans with \$9.00 monthly premiums each 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. 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.

The record indicates, and you testified, that your children were found eligible to enroll in Child Health Plus plans on November 7, 2017 and you selected Child Health Plus plans for your children's enrollment on that date.

Since you selected Child Health Plus plans for your children's enrollment on November 7, 2017, the effective date of those plans would be the first day of the month after November 2017, that is, on December 1, 2017.

Therefore, the November 8, 2017 eligibility determination and plan enrollment notices stating that your children's eligibility for and enrollment in their Child Health Plus plans was effective December 1, 2017, is correct and must be AFFIRMED.

## **Decision**

The November 8, 2017 eligibility determination notice was timely and is AFFIRMED, as it pertains to your children's eligibility.

The November 8, 2017 plan enrollment notice is AFFIRMED, as it pertains to your children's enrollment.

**Effective Date of this Decision:** March 6, 2018

## **How this Decision Affects Your Eligibility**

This decision does not change your children's eligibility.

The effective date of your children's Child Health Plus plan with \$9.00 monthly premiums each is December 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.

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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
- By fax: 1-855-900-5557

### **Summary**

The November 8, 2017 eligibility determination notice was timely and is **AFFIRMED**, as it pertains to your children's eligibility.

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The November 8, 2017 plan enrollment notice is AFFIRMED, as it pertains to your children's enrollment.

This decision does not change your children's eligibility.

The effective date of your children's Child Health Plus plan with \$9.00 monthly premiums each is 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 okyerε 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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