



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

Notice of Decision

Decision Date: March 26, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000026671

[REDACTED]

Dear [REDACTED]

On March 6, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's December 21, 2017 eligibility determination and January 3, 2018 enrollment 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).

This page intentionally left blank.



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

Decision

Decision Date: March 26, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026671



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 child's Child Health Plus eligibility as of December 21, 2017?

Did NY State of Health properly determine that your child's enrollment in her Child Health Plus plan began February 1, 2018?

Procedural History

On November 29, 2017 NY State of Health (NYSOH) received your initial application for financial assistance with your child's health insurance.

On November 30, 2017, NYSOH issued a notice stating more information was needed to make a determination for your household's eligibility. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by December 14, 2017.

On December 1, 2017, you uploaded pay stubs to your NYSOH account.

On December 2, 2017, NYSOH issued a notice stating that the documentation you provided did not confirm the information in your application. The notice asked you to provide additional income documentation for your household by December 14, 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).

On December 14, 2017, you uploaded letters from your employers and pay stubs to your NYSOH account.

On December 15, 2017, NYSOH issued a notice stating more information was needed to make a determination for your child's eligibility. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household, for the purposes of calculating your child's eligibility, by December 29, 2017.

Also on December 15, 2017, you uploaded paystubs to your NYSOH account.

On December 16, 2017, NYSOH issued a notice stating that the documentation that was reviewed did not confirm the information in your application and that more information was needed to make a determination. You were asked to submit income documentation for your household, for the purposes of calculating your child's eligibility, by January 13, 2018.

On December 19, 2017, you uploaded a self-declaration of income form and pay stubs to your NYSOH account.

On December 20, 2017, NYSOH verified the documents you uploaded as adequate proof of income, and a new application was submitted on your child's behalf based on that documentation.

On December 21, 2017, NYSOH issued a notice stating that your child was eligible for Child Health Plus with a \$9.00 monthly premium, effective February 1, 2018. Also on this date, NYSOH issued a notice that stated that your child was not enrolled in a health plan, stated that you should select one, and informed you that coverage will not begin until you pick a plan.

On January 2, 2018, you enrolled your child into a Child Health Plus plan.

Also on January 2, 2018 you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan, requesting that it begin on January 1, 2018.

On January 3, 2018, NYSOH issued a notice, based on your January 2, 2018 plan selection, confirming that your child was enrolled in a Child Health Plus, effective February 1, 2018.

On March 6, 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, and the record reflects, that you are appealing the enrollment start date of your child's Child Health Plus plan.
- 2) On December 1, 2017, income documentation was uploaded to your NYSOH account consisting of:
 - a. Four monthly paystubs dated 7/31/17, 8/31/17, 9/29/17, and 10/31/17 from your employer,
 - b. A letter from your employer dated 11/28/17 stating that your employment will end on 12/31/17, and
 - c. Five biweekly paystubs dated 9/29/17, 10/13/17, 10/27/17, 11/9/17, and 11/24/17 for your spouse.
- 3) On December 1, 2017, NYSOH invalidated the income documentation you submitted for your spouse because it did not constitute four consecutive weekly paystubs dated within thirty days of the application, and because the documentation submitted did not confirm the information contained in your application.
- 4) On December 14, 2017, income documentation was uploaded to your NYSOH account consisting of:
 - a. One monthly paystub dated 10/31/17 from your employer,
 - b. A letter from your employer dated 11/28/17 stating that your employment will end on 12/31/17, and
 - c. Six biweekly paystubs dated 9/29/17, 10/13/17, 10/27/17, 11/9/17, 11/24/17, and 12/6/17 for your spouse.
- 5) On December 15, 2017, income documentation was uploaded to your NYSOH account consisting of:
 - a. Six biweekly paystubs dated 9/29/17, 10/13/17, 10/27/17, 11/9/17, and 11/24/17, and 12/6/17 for your spouse.
- 6) On December 15, 2017, NYSOH invalidated the income documentation you submitted because it did not match the information NYSOH received from state and federal data sources.
- 7) On December 19, 2017, income documentation was uploaded to your NYSOH account consisting of:
 - a. One paystub dated 12/19/17 from your employer,

- b. A self-declaration of income form dated 12/19/17 stating that your child has no income and is dependent on your household income, and
 - c. Two biweekly paystubs dated 11/24/17 and 12/8/17 for your spouse.
- 8) On December 20, 2017, your income documentation was verified as acceptable proof of household income.
- 9) You testified, and the record reflects that you selected a Child Health Plus plan for your child on January 2, 2017.
- 10) You testified that you want your child's Child Health Plus plan to begin on January 1, 2018 because you received different information at different times and because of the length of time it took to verify your income documentation.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid for Children

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which was \$32,960.00 for a six-person household (81 Federal Register 4036).

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)).

NYSOH is required to provide "timely written notice to an applicant of any eligibility determination" made pursuant to 45 CFR Part 155, Subpart D, which sets out requirements. 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 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)).

Child Health Plus

To be eligible to enroll in Child Health Plus with subsidy payments, a child must not be "eligible for medical assistance"; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

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)).

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).

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 State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

The first issue is whether NYSOH's provided you with timely determination of your child's eligibility for Child Health Plus as of December 21, 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 November 29, 2017, NYSOH received your household's initial application. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On December 1, 2017, you uploaded a copy of your household's paystubs. Included in this upload, were four monthly paystubs dated 7/31/17, 8/31/17, 9/29/17, and 10/31/17 from your employer, a letter from your employer dated 11/28/17 stating that your employment will end on 12/31/17, and five biweekly paystubs dated 9/29/17, 10/13/17, 10/27/17, 11/9/17, and 11/24/17 for your spouse. Also on December 1, 2017, NYSOH invalidated the income documentation you submitted for your spouse because it did not constitute four consecutive weekly paystubs dated within thirty days of the application.

However, your spouse is paid biweekly and she provided her November 9, 2017 and November 24, 2017 paystubs both of which were within 30 days of the November 29, 2017 application. Therefore, NYSOH incorrectly invalidated the income documentation you submitted on December 1, 2017.

You subsequently submitted additional income documentation on December 14, 2017, December 15, 2017, and December 19, 2017. On December 20, 2017, NYSOH determined that your application was complete based on the documentation and submitted an application on your child's behalf.

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).

However, as discussed above your application should have been considered complete as of December 1, 2017.

NYSOH must provide children who are potentially eligible for Medicaid or Child Health Plus 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 December 21, 2017 that stated your child was eligible for Child Health Plus effective February 1, 2018. Since NYSOH issued an eligibility determination 20 days from the date your application was considered complete, therefore the December 21, 2017 eligibility determination was timely.

The second issue is whether NYSOH properly determined that your child's enrollment in a Child Health Plus plan was effective February 1, 2018.

The record reflects that you contacted NYSOH on January 2, 2018 and enrolled your child 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 from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since the December 21, 2017 eligibility determination notice was timely issued, you were able to select a Child Health Plus plan for your child as early as December 21, 2017. Your child's plan would therefore properly take effect on the first day of the second following month after December; that is, on February 1, 2018.

Therefore, the January 3, 2018 enrollment confirmation notice stating that your child's enrollment in a Child Health Plus plan would be effective February 1, 2018, was correct and must be AFFIRMED.

Decision

The December 21, 2017 eligibility determination was timely and is AFFIRMED.

The January 3, 2018 enrollment confirmation notice is AFFIRMED.

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).

Effective Date of this Decision: March 26, 2018

How this Decision Affects Your Eligibility

This decision does not affect your eligibility.

Your enrollment in your child's Child Health Plus plan is February 1, 2018.

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

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).

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 December 21, 2017 eligibility determination was timely and is AFFIRMED.

The January 3, 2018 enrollment confirmation notice is AFFIRMED.

This decision does not affect your eligibility.

Your enrollment in your child's Child Health Plus plan is February 1, 2018.

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।

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. y&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).