



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

## Notice of Decision

Decision Date: April 20, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028031

[REDACTED]

[REDACTED]

On April 2, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 13, 2018 eligibility determination and enrollment confirmation 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.

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## Decision

Decision Date: April 20, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028031



## Issue

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

Did the NY State of Health (NYSOH) properly determine that your youngest child's eligibility for, and enrollment in, his Child Health Plus (CHP) plan was effective February 1, 2018?

## Procedural History

On November 28, 2017, your newborn child was added to your NYSOH account, and your application was updated.

On November 29, 2017, NYSOH issued a notice stating that the income information in your application did not match information NYSOH received from state and federal data sources, and that more information was needed to confirm the information in your application. The notice further stated you needed to provide proof of your household income by December 13, 2017, and to provide your youngest child's citizenship status and Social Security number by February 26, 2018.

On December 24, 2017, NYSOH redetermined your youngest child's eligibility.

On December 25, 2017, NYSOH issued a denial notice stating your youngest child was not eligible to enroll in health insurance through NYSOH because income documentation was not received by NYSOH by the required date, and NYSOH could not determine whether your youngest child was eligible for

financial assistance. It also stated NYSOH could not verify your child's Social Security number or citizenship status.

On January 11, 2018, you updated your NYSOH application.

On January 12, 2018, NYSOH issued a notice stating that the income information 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 further stated you needed to provide proof of your household income by January 26, 2018.

Also on January 12, 2018, you again updated your NYSOH application.

On January 13, 2018, NYSOH issued a notice of eligibility determination, based on your January 12, 2018 application, stating that your youngest child was eligible for CHP with a \$15.00 monthly premium for a limited time, effective February 1, 2018. The notice further directed you to provide documentation of your income by March 13, 2018.

Also on January 13, 2018, NYSOH issued a notice of enrollment, confirming both of your children were enrolled in a CHP plan with a \$15.00 monthly premium each, beginning February 1, 2018.

On January 30, 2018, you uploaded documentation to your NYSOH account

Also on January 30, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your youngest child's CHP coverage, insofar as it did not begin on November 1, 2017.

On January 31, 2018, NYSOH issued a notice stating the income documentation you submitted was reviewed, but was insufficient to confirm the information in your application. The notice directed you to provide documentation of your income by March 13, 2018.

Also on January 31, 2018, you uploaded additional documentation to your NYSOH account.

On February 1, 2018, NYSOH issued a notice stating the income documentation you submitted was reviewed, but was insufficient to confirm the information in your application. The notice directed you to provide documentation of your income by March 13, 2018.

On March 19, 2018, NYSOH's system redetermined your children's eligibility.

On March 20, 2018, NYSOH issued a notice stating more information was needed to confirm the income information in your application on behalf of your

youngest child. The notice directed you to provide documentation of your income by April 3, 2018.

On March 21, 2018, NYSOH issued a disenrollment notice stating your youngest child's enrollment in his CHP coverage was ending, effective April 30, 2018, because he was no longer eligible to enroll in that coverage.

On March 22, 2018, you updated your NYSOH application.

On March 23, 2018, NYSOH issued a notice of eligibility determination stating your children were eligible to enroll in CHP with a \$30.00 monthly premium each, effective May 1, 2018.

Also on March 23, 2018, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in a CHP plan, beginning May 1, 2018.

On April 2, 2018, 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 April 17, 2018 to give you time to provide supporting documentation.

On April 2, 2018, you faxed documentation to NYSOH's Appeals Unit. The record is now closed.

## **Findings of Fact**

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

- 1) You testified that you are appealing only your youngest child's eligibility and enrollment start date.
- 2) You testified, and your NYSOH account reflects, that your youngest child was born [REDACTED].
- 3) Your NYSOH account reflects on November 28, 2017, you updated your NYSOH account to include your youngest child.
- 4) You testified you completed your application update on November 28, 2017 with the assistance of a Navigator, whom you had used in the past.
- 5) You testified you brought income information with you, but were informed by the Navigator you would need to provide an additional paystub. You testified you sent this documentation to you Navigator by fax toward the end of the first week of December 2017.
- 6) You testified you called the Navigator to confirm receipt of the documentation you sent, and there was a message on her voicemail

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stating she was out [REDACTED], and someone else was taking over her cases.

- 7) You testified you contacted the person who had taken over for your Navigator, but had a difficult time following through with her, and you did not hear back from her until around [REDACTED].
- 8) You testified you receive notices from NYSOH in the regular mail.
- 9) You testified you received the December 25, 2017 notice stating your youngest child was not eligible to enroll in coverage through NYSOH because you had not submitted required income documentation, and you called to try to make a payment for both children.
- 10) You testified you were asked to submit additional paystubs again to the person who took over for your Navigator, and you faxed them to her, but did not hear back from her.
- 11) You testified you called the next day and were told the documentation was not received, so you sent it again.
- 12) You testified you followed up once again and were told the documentation was received, but you also needed to send a W2, which you did.
- 13) You testified you did not hear back from the substitute Navigator after that.
- 14) You testified that, during this time, your newborn [REDACTED] and was in [REDACTED].
- 15) You testified someone from [REDACTED] assisted you in completing your application because you were having problems with the Navigator assisting you.
- 16) Your NYSOH account reflects your application was updated on [REDACTED], and you testified these applications were completed by the application counselor at [REDACTED] where your son was receiving medical treatment.
- 17) You testified you were informed your child's CHP coverage could not be backdated because you had missed the deadline for backdating of his coverage by two days, so you filed an appeal.
- 18) You testified you do not believe you have any medical bills for your youngest child from the month of January 2018, but you have bills from November and December 2017.

- 19) You testified you were enrolled in a high deductible health insurance policy through your employer at the time your son was born, but this insurance did not cover any of his medical bills.
- 20) After the hearing, the record was kept open so you could submit any fax confirmations you had from the time when you were working with the Navigator.
- 21) On April 2, 2018, you sent a five-page fax to NYSOH consisting of a cover sheet and a copy of two fax confirmation pages dated January 9, 2018 with a status of "OK," addressed to "[REDACTED]" and the subject "RE: [REDACTED], [REDACTED]," along with a copy of an Explanation of Benefits for a disability income payment. These documents are collectively marked and entered into the record as "[REDACTED]."

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

## **Applicable Law and Regulations**

### 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 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).

A newborn child who is determined eligible for CHP will be enrolled in coverage retroactively to the first day of the month in which they were born, provided a completed application and required documentation are submitted within sixty days of the child's birth (NY Public Health Law § 2511(2)(i)).

## Legal Analysis

The issue under review is whether NYSOH properly determined that your youngest child's eligibility for, and enrollment in, his CHP plan was effective February 1, 2018.

Your youngest child was born [REDACTED], and on November 28, 2017, he was added to your NYSOH account. Based on the income information provided in your application, he was placed in a "pending Medicaid" status, and you were directed to provide income documentation by December 13, 2017. When no income documentation was received by December 13, 2017, NYSOH redetermined your newborn's eligibility on December 24, 2017, and issued a notice on December 25, 2017 stating that he was not eligible to enroll in coverage through NYSOH.

You testified you were working with a Navigator who asked you to provide income documentation, and that you sent that documentation to her. You testified that, when you tried to follow up, you found that the Navigator had gone out on [REDACTED], and another Navigator was handling her cases. You testified you spoke with this Navigator and provided income documentation at least two more times, but did not hear back from anyone. You testified that, while this was happening, your newborn required [REDACTED], and an application counselor from [REDACTED] eventually helped you complete your application for coverage. Your NYSOH account reflects an application update was processed on [REDACTED], and you confirmed in your testimony that this was when the application counselor updated your application. On January 13, 2018, your newborn was found eligible for CHP for a limited time, pending documentation of income, effective February 1, 2018.

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 provides that CHP coverage shall be retroactive to the first of the month of birth for newborns, effective

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January 1, 2017, provided that the completed application for coverage on behalf of the child was made prior to, or within sixty days of, the child's birth.

Your initial application for coverage for your newborn was made on November 28, 2017. However, the income information in that application placed your child in a pending Medicaid status, and income documentation was required to determine his eligibility. Though you testified you tried to provide documentation to both the Navigators you were working with, the only proof you have of this is a fax confirmation dated January 9, 2018 (Appellant's Exhibit One). By that time, your newborn had already been denied health insurance through NYSOH, and you were on notice of this fact, as NYSOH issued a denial notice on December 25, 2017, which you acknowledged receiving.

It was not until your January 12, 2018 application, which was [REDACTED] from the date of your child's birth, that your newborn child was found eligible for CHP, and that eligibility was for a limited time only, as NYSOH still needed income documentation to confirm his eligibility. Even after this eligibility determination, valid income documentation was not submitted, and your youngest child was not found fully eligible for CHP until you updated your application again on March 22, 2018.

Since the record does not contain sufficient evidence to prove that your application would have been completed within 60 days, but for the error of your Navigator/s, there is no basis for finding that your newborn's eligibility should be backdated to November 1, 2017, as a complete application was not filed within 60 days of his birth.

You updated your application for financial assistance on January 12, 2018, and your newborn child was found eligible for CHP for a limited time, effective February 1, 2018.

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.

Since your youngest child's completed CHP application was received on January 12, 2018, his eligibility and enrollment properly began on the first day of the month following January: February 1, 2018.

Therefore, the January 13, 2018 eligibility determination and enrollment confirmation notices, stating that your youngest child's eligibility for, and enrollment in, his CHP plan were effective February 1, 2018, are correct and must be AFFIRMED.

## **Decision**

The January 13, 2018 eligibility determination notice is AFFIRMED.

The January 13, 2018 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** April 20, 2018

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

This decision does not change your youngest child's eligibility.

The effective date of your youngest child's coverage in his CHP plan was 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

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- 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 January 13, 2018 eligibility determination notice is AFFIRMED.

The January 13, 2018 enrollment confirmation notice is AFFIRMED.

This decision does not change your youngest child's eligibility.

The effective date of your youngest child's coverage in his CHP plan was 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:**



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## **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)**

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### **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)**

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)**

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## **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. yeb&tumi ama wo obi a okyer& kasa a woka no ase ama wo kwa a wontua hwee.

## **(Urdu) اردو**

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## **Tiếng Việt (Vietnamese)**

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## **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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