



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: May 11, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028663



Dear [REDACTED]

On April 9, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 9, 2018 eligibility determination 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
PO 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(b).

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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Issues

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

Did NY State of Health (NYSOH) provide you with a timely determination of the eligibility of your child, [REDACTED] for Child Health Plus, as of January 2, 2018?

Did NYSOH properly determine that the eligibility of and enrollment of your child, [REDACTED] in a Child Health Plus plan was effective no earlier than March 1, 2018?

Procedural History

On December 14, 2017, NYSOH received an update to your application for financial assistance with health insurance.

On December 15, 2017, NYSOH issued a notice stating that the income information contained in your December 14, 2017 application did not match what NYSOH received from state and federal sources. You were requested to provide proof of your current household income to NYSOH by December 29, 2017 to confirm your child's eligibility.

On December 29, 2017, NYSOH received an Unemployment Insurance Monetary Benefit Determination, issued by NYS Department of Labor on [REDACTED] reflecting that you were awarded \$435.00 per week in unemployment benefits effective [REDACTED]

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On January 2, 2018, NYSOH redetermined your eligibility for financial assistance with health insurance.

On January 3, 2018, NYSOH issued a notice stating that the income information contained in your January 2, 2018 application did not match what NYSOH received from state and federal sources. You were requested to provide proof of your current household income to NYSOH by December 29, 2017 to confirm your child's eligibility.

On January 10, 2018, NYSOH issued an eligibility determination notice stating that your child was not found eligible for health coverage through NYSOH because you did not provide the income documentation needed to verify the income listed in your application.

On February 8, 2018, NYSOH redetermined your eligibility for financial assistance with health insurance.

On February 9, 2018, NYSOH issued an eligibility determination notice stating that your child was found eligible for CHP for a limited time, with a \$9.00 monthly premium, effective March 1, 2018. You were requested to provide proof of your income to NYSOH by April 9, 2018 to confirm your child's eligibility.

Also on February 9, 2018, NYSOH issued an enrollment notice confirming your selection of a CHP plan for your child's coverage as of February 8, 2018, with such coverage to begin effective March 1, 2018.

On or about February 13, 2018, NYSOH took independent action to backdate the start of your child's CHP plan coverage from March 1, 2018 to February 1, 2018.

On February 26, 2018, 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 February 1, 2018 and not January 1, 2018.

On April 9, 2018, you had an adjourned 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 support the following findings of fact:

- 1) You testified that you are only appealing your one child's CHP enrollment start date.
- 2) According to your NYSOH account, your child's coverage was terminated effective December 31, 2017.

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- 3) You updated your NYSOH account on January 2, 2018, but your child's eligibility could not be determined. You were requested to provide additional income documentation for your child's eligibility to be confirmed.
- 4) You testified, and provided documentation reflecting, that you were awarded \$435.00 per week in unemployment benefits effective N [REDACTED] [REDACTED]. You provided this documentation to NYSOH on December 29, 2017.
- 5) On January 10, 2018, NYSOH issued an eligibility determination notice stating that your child was not eligible for health coverage through NYSOH because you did not provide the income documentation needed to verify the income listed in your application.
- 6) The income documentation you provided to NYSOH on December 29, 2017 was ultimately reviewed and verified as acceptable proof of income on February 8, 2018.
- 7) NYSOH redetermination your child's eligibility on February 8, 2018 based on the information contained in your account as of that date. You child was found eligible for CHP effective March 1, 2018.
- 8) On or about February 13, 2018, your child's CHP enrollment start date was backdated to begin effective February 1, 2018.
- 9) You testified that you were seeking for your child's CHP coverage to begin effective January 1, 2018 to provide coverage for certain expenses you incurred during 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).

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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 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.

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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 January 2, 2018.

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 January 2, 2018, 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.

Your NYSOH account reflects that on December 29, 2017 you uploaded an Unemployment Insurance Monetary Benefit Determination, issued by the NYS Dept of Labor on [REDACTED], reflecting that you were awarded \$435.00 per week in unemployment benefits effective [REDACTED]. As a result, your application was considered complete on December 29, 2018 for determining your child's eligibility. However, NYSOH did not review and verify that documentation as acceptable until February 8, 2018.

Also, as of December 29, 2017, 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 from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on February 9, 2018 stating, in part, that your child was eligible to enroll in a CHP plan for a limited time with a \$9.00 monthly premium, effective March 1, 2018. Since an eligibility determination was issued by NYSOH 42 days from the date your application was considered complete, the February 9, 2018 eligibility determination notice was not timely issued.

The second issue under review is whether NYSOH properly determined that your child's enrollment in her CHP plan was effective March 1, 2018.

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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 CHP plan on February 8, 2018, which date is before the 16th of the month. As such, your child's enrollment in her CHP plan would properly begin the first day of the month following February 2018; that is, on March 1, 2018. However, since NYSOH did not timely review the income documentation on December 29, 2017, the date your application ought to have been considered complete, your child's enrollment should have begun effective February 1, 2018. Indeed, on February 13, 2018, NYSOH backdated your child's CHP start date of coverage to February 1, 2018.

Therefore, the February 9, 2017 eligibility determination and enrollment notices are MODIFIED to state that your child's eligibility for and enrollment in her CHP plan coverage began effective February 1, 2018, but otherwise affirmed.

Decision

The February 9, 2017 eligibility determination and enrollment notices are MODIFIED to state that your child's eligibility for and enrollment in her CHP plan coverage began effective February 1, 2018, but otherwise affirmed.

Effective Date of this Decision: May 11, 2018

How this Decision Affects Your Eligibility

This decision does not affect your child's eligibility.

The effective date of your child's CHP plan is February 1, 2018.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the

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dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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 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
PO Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The February 9, 2017 eligibility determination and enrollment notices are MODIFIED to state that your child's eligibility for and enrollment in her CHP plan coverage began effective February 1, 2018, but otherwise affirmed.

This decision does not affect your child's eligibility.

The effective date of your child's CHP 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، يرجى 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)

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 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.

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.