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

Notice of Decision

Decision Date: March 29, 2018

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000025780

[redacted]

Dear [redacted]

On February 21, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 8, 2017 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
  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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: March 29, 2018

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000025780

[redacted]

Issue

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

> Did New York State of Health (NYSOH) properly determine that your child was eligible to enroll in Child Health Plus at full cost, effective January 1, 2018?

Procedural History

On December 10, 2016, NYSOH issued an eligibility determination notice, based on your December 9, 2016 application, stating that your child was eligible to enroll in Child Health Plus (CHP) with a $15.00 monthly premium, effective January 1, 2017. This was based on your attested annual household income of $54,119.95.

Also on December 10, 2016, NYSOH issued an enrollment notice, based on your plan selection on December 9, 2016, confirming that your child was enrolled in a CHP plan with a $15.00 monthly premium, and that his enrollment in the plan would start January 1, 2017.

On April 3, 2017, you submitted an updated application for health insurance for your family. The household income attested to in that application was $95,000.00.

On April 4, 2017, NYSOH issued and eligibility determination notice, based on your updated April 3, 2017 application, stating in part, that your child was eligible for CHP, for a limited time, with a $15.00 monthly premium, effective May 1,

2017. The notice directed you to submit proof of household income by June 2, 2017 to confirm your child's eligibility.

No documentation was submitted by the June 2, 2017 deadline.

On June 8, 2017, NYSOH systematically reran your child's application because you had not submitted documentation regarding your household income. Based on the information that was available from state and federal data sources, NYSOH determined that your child remained eligible for CHP with a $15.00 monthly premium.

On June 9, 2017, NYSOH issued an eligibility determination notice, based on the June 8, 2017 system update, stating in part, that your child was eligible to enroll in CHP with a $15.00 monthly premium, effective July 1, 2017. The notice stated that your child will remain in his plan and pay a $15.00 monthly premium until December 31, 2017.

Also on June 9, 2017, NYSOH issued an enrollment notice, confirming that your child was enrolled in a CHP plan with a $15.00 monthly premium, and that this enrollment in the plan started January 1, 2017.

On October 24, 2017, NYSOH issued a notice that it was time to renew your family's health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not determine whether your family would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2017 or you might risk losing the health insurance and financial assistance your family was currently receiving.

On December 7, 2017, NYSOH received your updated application for health insurance for your family. The household income attested to in that application was $125,000.00.

On December 8, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for CHP at full cost or a Child-Only qualified health plan, effective January 1, 2018. This was based on annual household income of $125,000.00, which was more than $98,400.00, the allowable income range for subsidized CHP based on your household size.

Also on December 8, 2017, NYSOH issued an enrollment notice, based on your plan selection of December 7, 2017, stating in part, that your child was enrolled in a CHP plan with a monthly premium of $260.76, and that his enrollment in the plan would start January 1, 2018.

On December 14, 2017, you spoke to NYSOH's Account Review Unit and appealed that determination insofar as you were required to pay a full cost premium for your child's CHP plan starting January 1, 2018.

On February 21, 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 appealing only your child's eligibility that required you to pay full cost CHP premium for him starting January 1, 2018.

2) You testified that you have two children, but are only applying for health insurance for your son.

3) According to your NYSOH account, on December 10, 2016, your child was determined eligible for CHP and was subsequently enrolled in a CHP plan with a $15.00 monthly premium starting January 1, 2017. This was based on an attested household income of $54,119.95.

4) On April 3, 2017 you updated your family's application and your household income was attested to as $95,000.00. You had until June 2, 2017 to submit proof of household income to confirm your child's eligibility.

5) No proof was submitted by the June 2, 2017 deadline and your child's eligibility was redetermined based on state and federal data sources. Based on that information, your child was determined eligible for CHP and he was continued in his CHP plan with a $15.00 monthly premium until December 31, 2017. This was because children are guaranteed the lower premium for at least 12 months.

6) You testified that you expect to file your 2018 tax return with a tax filing status of married filing jointly. You will claim your two children as dependents on that tax return.

7) The application that was submitted on December 7, 2017 listed annual household income of $125,000.00, consisting entirely of income your spouse earns from his employment. You testified that this amount was correct.

8) At the time of your December 7, 2017 application, your son was [redacted].

9) Your December 7, 2107 application states that you will not be taking any deductions on your 2018 tax return.

10) According to your NYSOH account and your testimony, your family lives in Kings County.

11) You testified that you would like your child to be eligible for financial assistance with his CHP plan.

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

Applicable Law and Regulations

Child Health Plus

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* New York Public Health Law (NY PHL) § 2510 *et seq.* and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in a CHP plan depends upon the child's family household income (NY PHL § 2510(9)(d)). A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY PHL § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be "eligible for medical assistance"; that is, must not be eligible for Medicaid (NY PHL § 2511(2)(b)).

In an analysis of CHP 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 $24,600.00 for a four-person household (82 Federal Register 8831).

Household Composition

For purposes of financial assistance, the household size equals the number of individuals for whom the taxpayer is allowed a deduction under 26 USC § 151 for the taxable year, which typically includes: (1) the taxpayer, (2) his or her spouse, and (3) any claimed dependents (26 USC § 36B(d)(1)).

Legal Analysis

The issue under review is whether NYSOH properly determined on December 7, 2017 that your child was eligible for enrollment in a CHP plan at full cost, effective January 1, 2018.

According to your NYSOH account and your testimony, you and your spouse expect to file your 2018 income tax return as married filing jointly and will claim two dependents on that tax return. You testified that you have two children but are only seeking health insurance for your son. Therefore, your son is in a four-person household.

In your December 7, 2017 application, you attested to an expected household income of $125,000.00. This consisted entirely of income your spouse earns from his employment. The application also stated that your child is [redacted]. NYSOH relied upon this information. You testified that this information was correct.

A child is eligible to enroll in Child Health Plus if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL. On the date of your application, the relevant FPL was $24,600.00 for a four-person household. Since $125,000.00 is 508.13% of the 2017 FPL, it is over the allowable limit for financial subsidies for CHP. Therefore, on December 7, 2017, NYSOH properly found your child eligible to enroll only in a full price CHP plan and was ineligible for a CHP subsidy.

Since the December 8, 2017 eligibility determination notice properly stated that, based on the information you provided and that was available in your account, your child was eligible to enroll in a full price CHP plan, effective January 1, 2018, it is correct and is AFFIRMED.

Decision

The December 8, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: March 29, 2018

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

Your child was eligible to enroll in a full price CHP plan effective January 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 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 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).

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 8, 2017 eligibility determination notice is AFFIRMED.

This decision does not change your child's eligibility.

Your child was eligible to enroll in a full price CHP plan effective January 1, 2018.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 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).

A Copy of this Decision Has Been Provided To:

[redacted]

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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)

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。我们可以为您免费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 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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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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