



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

Notice of Decision

Decision Date: March 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026962

[REDACTED]

Dear [REDACTED],

On March 12, 2018, your spouse appeared by telephone on your behalf as an Authorized Representative at a hearing on your appeal of NY State of Health's January 10, 2018 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 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026962

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your newborn child (newborn) was eligible for Child Health Plus with a \$45.00 monthly premium beginning January 1, 2018?

Procedural History

On November 20, 2017, your newborn was added to your NYSOH account, a health plan was selected, and an application for health insurance was submitted on his behalf.

On November 21, 2017, NYSOH issued an eligibility determination notice stating that your newborn was eligible for Medicaid, effective November 1, 2018.

Also on November 21, 2017, NYSOH issued a plan enrollment notice, based on your plan selected on November 20, 2017, stating that your newborn was enrolled with a Medicaid Managed Care plan beginning January 1, 2018.

On November 29, 2017, you updated an application for financial assistance with health insurance on behalf your newborn.

On November 30, 2017, NYSOH issued an eligibility determination notice stating that your newborn was eligible to enroll in Child Health Plus for a limited time, with a \$45.00 monthly premium, effective January 1, 2018. That notice stated that in order for your newborn to continue his eligibility, you must provide

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documentation confirming your household's income by January 28, 2018. That notice also stated that your newborn was no longer qualified for Medicaid as of December 31, 2017.

Also on November 30, 2017, NYSOH issued a plan enrollment notice, stating that your newborn was enrolled in a Child Health Plus plan with a \$0.00 monthly premium, beginning January 1, 2018.

Lastly, on November 30, 2017, NYSOH received income documentation you uploaded to your NYSOH account.

On December 1, 2017, NYSOH reviewed the documentation you uploaded to your NYOSH account and determined it was insufficient to verify your household's income.

On December 2, 2017, NYSOH issued an eligibility determination notice stating that your newborn was eligible to enroll in Child Health Plus for a limited time, with a \$45.00 monthly premium, effective January 1, 2018. That notice stated that in order for your newborn to continue his eligibility, you must provide documentation confirming your household's income by January 28, 2018.

Also on December 2, 2017, NYSOH issued a plan enrollment notice, stating that your newborn was enrolled in a Child Health Plus plan with a \$0.00 monthly premium, beginning January 1, 2018.

On December 4, 2017, NYSOH received income documentation you uploaded to your NYSOH account. That day, NYSOH verified the income documentation you uploaded and determined it was sufficient to verify your income. As a result, NYSOH updated the income information in your NYSOH account, and submitted an application on your newborn's behalf.

On December 5, 2017, NYSOH issued an eligibility determination notice stating that your newborn was fully eligible to enroll in Child Health Plus with a \$45.00 monthly premium, effective January 1, 2018.

On December 5, 2017, NYSOH issued a plan enrollment notice stating that your newborn was enrolled in a Child Health Plus plan with a \$0.00 monthly premium, beginning January 1, 2018.

On January 9, 2018, you updated your application for financial assistance with health insurance on behalf your newborn. That day, a preliminary eligibility determination was prepared stating that your newborn was eligible for Child Health Plus with a \$45.00 monthly premium, effective February 1, 2018, and enrolled into a Child Health Plus plan beginning January 1, 2018.

Also on January 9, 2018, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determinations because your newborn's eligibility for, and enrollment in, Child Health Plus did not begin on [REDACTED] the month of his birth.

On March 12, 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) Your spouse testified that you are requesting that your newborn's Child Health Plus plan with United HealthCare begin on October 1, 2017, because you incurred medical bills for your newborn during the months of October 2017, November 2017, and December 2017 and your provider does not accept Medicaid.
- 2) According to your NYSOH account and your spouse's testimony, your newborn was born on [REDACTED].
- 3) According to your NYSOH account and your spouse's testimony, a broker with United HealthCare assisted you and your spouse with adding your newborn to your account on November 20, 2017, and enrolled him into a United Healthcare plan that day.
- 4) The November 20, 2017 application listed your household income as \$65,000.00. Your spouse testified that this was incorrect.
- 5) Your spouse testified that the broker entered your household income incorrectly and, as a result, your newborn was enrolled in Medicaid. Your spouse further testified that as soon as he realized the error, he contacted NYSOH to update your household income to the correct amount.
- 6) According to your NYSOH account and your spouse's testimony, your annual household income is \$106,499.64, consisting of income your spouse earns from employment.
- 7) According to your NYSOH account and your spouse's testimony, your spouse contacted NYSOH by telephone on November 29, 2017, corrected the household income on your application, and enrolled your newborn into a Child Health Plus plan with United Healthcare, which was effective January 1, 2018.

- 8) According to the January 9, 2018 application, you and your spouse will file your taxes with a tax filing status of married filing jointly and will claim four dependents on that tax return.

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

On December 22, 2015, the Governor of New York signed into law an amendment to NY Public Health Law § 2511(2)(g) stating that in the case of a newborn enrolled into Child Health Plus, the date of enrollment shall be the date of the child’s birth if the parent applied for insurance prior to the child’s birth or within 60 days after the child’s birth. This amendment was scheduled to take effect as of January 1, 2016 (S04745B, Chap 577, Laws of New York, 2015). However, on April 8, 2016, the Governor of New York signed an amendment to

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chapter 577 of the Laws of 2015, which delayed the effective date to January 1, 2017. (S06421A, Chap 27, Laws of New York, 2016; NY Public Health Law § 2511(2)(i)).

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)). No payments are required for eligible children whose family household income is less than 160% of the FPL (NY PHL § 2510(9)(d)(1)). If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (NY PHL § 2510(9)(d)).

The CHP premium is \$45.00 per month for a child whose family household income is between 301% and 350% of the FPL, but no more than \$135.00 per month per family (NY PHL § 2510(9)(d)(v)).

In an analysis of Child Health Plus 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 (82 Federal Register 8831).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your newborn was eligible for Child Health Plus with a \$45.00 monthly premium beginning January 1, 2018.

Your newborn was born on [REDACTED]. Your newborn was added to your NYSOH account on November 20, 2017, and found eligible for Medicaid based on a household income of \$65,000.00. The credible evidence of record reflects that your child's Medicaid eligibility determination was the result of a United HealthCare broker error, which your spouse corrected on November 29, 2017. At that time, your household income was changed to \$106,499.64. As a result of this correction, your newborn was found eligible for Child Health Plus with a \$45.00 monthly premium beginning January 1, 2018, and enrolled into a Child Health Plus plan with United HealthCare a \$0.00 monthly premium beginning January 1, 2018.

In New York State, the date on which eligibility for enrollment in a Child Health Plus 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.

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However, section 2511 of the Public Health Law has been amended to provide that Child Health Plus coverage shall be retroactive to the first day of the month of birth for newborns, effective January 1, 2017, provided that the application for coverage on behalf of the child was made prior to, or within sixty days of, the child's birth.

Your newborn was born on [REDACTED] meaning you had sixty days, until December 30, 2017, to add your newborn to your NYSOH account in order for his eligibility and enrollment in Child Health Plus to begin as of the month of his birth.

Your newborn was first added to your NYSOH account on November 20, 2017, before the December 30, 2017 deadline. However, due to your household income being listed at \$65,000.00 in error in the November 20, 2017 application, your newborn was determined to be Medicaid eligible. You corrected this error and submitted an application with the correct income information November 29, 2017, resulting in a determination that your newborn was eligible for Child Health Plus with a \$45.00 monthly premium. Since your newborn was added to your account on November 20, 2017, and the updated application was submitted on November 29, 2017, and both dates are before December 30, 2017 deadline, your newborn's eligibility for, and enrollment in, his Child Health Plus plan with United HealthCare should have started as of the month of his birth; that is, October 1, 2017.

Your newborn is in a six-person household for the purposes of this analysis. You and your spouse file your taxes with a tax filing status of married filing jointly, and you will claim four dependents on that tax return.

The credible evidence of record reflects that your annual household income is \$106,499.64.

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. Households with an income between 301% and 350% of the FPL are responsible for a \$45.00 per month Child Health Plus premium payment.

On the date of your application, the relevant FPL was \$32,960.00 for a six-person household. Since \$106,499.64 for a six-person household is 323.12% of the FPL, your newborn is eligible for Child Health Plus with a premium of \$45.00 per month.

Therefore, the January 10, 2018 eligibility determination notice stating that your newborn's eligibility for Child Health Plus with a \$45.00 monthly premium effective February 1, 2018 is MODIFIED to reflect an October 1, 2017 start date.

The January 10, 2018 plan enrollment notice stating that your newborn's enrollment in his United HealthCare Child Health Plus plan began January 1, 2018 with a \$0.00 monthly premium is MODIFIED to reflect an October 1, 2017 start date with a premium of \$45.00 per month.

Your case is RETURNED to NYSOH to begin your newborn's eligibility in his Child Health Plus plan with a \$45.00 monthly premium effective as of October 1, 2018, with the effect of rendering MOOT any and all prior eligibility notices related to your newborn.

Decision

The January 10, 2018 eligibility determination notice is MODIFIED to reflect an October 1, 2017 start date for your newborn.

The January 10, 2018 plan enrollment notice is MODIFIED to reflect an October 1, 2017 start date in his United HealthCare Child Health Plus plan with a \$45.00 monthly premium.

Your case is RETURNED to NYSOH to begin your newborn's United HealthCare Child Health Plus as of October 1, 2018 with a \$45.00 monthly premium, and to notify you accordingly, with the effect of rendering MOOT any and all prior eligibility and enrollment notices related to your newborn.

Effective Date of this Decision: March 27, 2018

How this Decision Affects Your Eligibility

Your newborn's eligibility for Child Health Plus with a \$45.00 monthly premium is effective October 1, 2018.

Your newborn's enrollment start date in his United Health Care Child Health Plus plan is effective October 1, 2018 with a \$45.00 premium per month.

NYSOH will effectuate the changes as noted above. You will be notified once this has been done.

You will need to arrange with the health plan directly to pay any premiums for the months your child is enrolled in the Child Health Plus plan.

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 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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The January 10, 2018 eligibility determination notice is MODIFIED to reflect an October 1, 2017 start date for your newborn.

The January 10, 2018 plan enrollment notice is MODIFIED to reflect an October 1, 2017 start date in his United HealthCare Child Health Plus plan with a \$45.00 monthly premium.

Your case is RETURNED to NYSOH to begin your newborn's United HealthCare Child Health Plus as of October 1, 2018 with a \$45.00 monthly premium, and to notify you accordingly, with the effect of rendering MOOT any and all prior eligibility and enrollment notices related to your newborn.

Your newborn's eligibility for Child Health Plus with a \$45.00 monthly premium is effective October 1, 2018.

Your newborn's enrollment start date in his United Health Care Child Health Plus plan is effective October 1, 2018 with a \$45.00 premium per month.

NYSOH will effectuate the changes as noted above and notify you once made.

You will need to arrange payment of monthly premiums with the health plan directly for the months your child is enrolled in the Child Health Plus plan.

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 1-855-355-5777번으로 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 srε wo, frε 1-855-355-5777. ye&εtumi 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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