



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

Notice of Decision

Decision Date: June 8, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001430

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 19, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 23, 2014 eligibility redetermination.

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 Federal regulation 45 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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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001430

[REDACTED]
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Issue

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

Did the Marketplace properly determine that the combined monthly Child Health Plus premium for your two children was at full cost beginning September 1, 2014, as of December 22, 2014?

Procedural History

The Marketplace received your initial application for health insurance on August 1, 2014.

On August 2, 2014, the Marketplace issued a welcoming letter that said it had determined your two children are eligible to enroll in Child Health Plus (CHP) and receive help paying for the premium. The letter also informed you that the total monthly premium will be \$90.00 based on the 2014 household income you provided of \$82,679.96 and, in order to access coverage, you must choose a plan for your children.

On August 12, 2014, the Marketplace issued a letter confirming that your children were enrolled in a CHP plan with Fidelis Care and your premium responsibility was \$90.00 per month. The letter also informed you that your children's health coverage will begin after you have paid your first month's premium and could start as early as September 1, 2014, if you paid the premium on time.

On December 22, 2014, you updated your Marketplace application and entered an income amount of \$182,000.00 for yourself.

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 23, 2014, the Marketplace issued a letter confirming your children's CHP enrollment with Fidelis Care and your premium responsibility of \$319.90. The letter also informed you that your children's health coverage will begin after you have paid your first month's premium and could start as early as September 1, 2014, if you paid the premium on time.

On January 9, 2015, the Marketplace issued a disenrollment notice based on your request for disenrollment on January 4, 2015. The notice states that your children's CHP coverage with Fidelis Care will end January 31, 2015.

On January 12, 2015, you appealed the level of CHP premiums insofar as you are being billed for full CHP premiums back to September 1, 2014 and you want this corrected.

On February 19, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and remained open because the Hearing Officer directed you to provide as additional evidence to corroborate your testimony: Certificate of Insurance from your current employer's health plan and bills from Fidelis Care for your children's CHP premiums. The record was to be closed 15 days after the hearing date, or upon receipt of the above referenced documents, whichever occurred earlier. No additional documents were received from you by March 6, 2015.

Accordingly, the record was closed on March 6, 2015.

Findings of Fact

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

- 1) In your application, you attested that you are currently married and have two minor children.
- 2) According to your application, you expect to file a U.S. Income Tax return for 2014, file as "married, filing jointly" and claim your two children as dependents.
- 3) According to your Marketplace application your household's income when you applied on August 1, 2014 was \$82,679.96.
- 4) You testified that you were unemployed at the time you were seeking health insurance through the Marketplace for all family members.

- 5) You testified that you enrolled your children in a Child Health Plus (CHP) plan and prepaid the monthly premiums of \$90.00 by credit card for September 2014 to January 31, 2015.
- 6) You testified that you gained new employment in mid-November 2014, and your family became eligible for medical coverage through your new employer's health plan soon thereafter.
- 7) According to your Marketplace account, on December 22, 2014, you updated your Marketplace application and reported your income is now \$182,000.00. You testified that this amount is not accurate and that your 2015 expected earned income is \$110,000.00.
- 8) You testified that you tried to cancel your children's CHP coverage but weren't sure you would be able to since you had pre-paid the premium through January 31, 2015. You contacted Fidelis Care and were told you had to contact the Marketplace, and that the Marketplace said you had to go through Fidelis Care.
- 9) You testified that you received correspondence and invoices from Fidelis Care that you owed over \$1,800.00 for full premiums from September 1, 2014 to January 31, 2015.
- 10) You testified that you also received a conflicting bill from Fidelis Care that said you owed \$90.00 for the last couple of months of coverage.
- 11) You want to know how much you owe and to whom, and want an accurate accounting regarding what you have paid and what you owe.
- 12) You testified and your Marketplace account reflects that, on January 4, 2015, you logged on to your Marketplace account and requested that your children's CHP coverage with Fidelis Care be cancelled.

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

Applicable Law and Regulations

A child who meets the eligibility requirements for Child Health Plus (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 (New York Public Health Law (PHL) § 2511(2)(a)(iii)).

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The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in CHP depends upon the child's family household income (PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the federal poverty level (FPL). If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (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 (PHL § 2510(9)(d)(ii)).

For a CHP eligibility determination, the 2014 FPL for a four-person household is \$23,850 (79 Fed. Reg. 3593).

Generally, a child who is eligible for CHP may have his or her financial eligibility redetermined no more frequently than once every 12 months (42 CFR § 435.916(a)).

Legal Analysis

The only issue under review is whether the Marketplace properly determined the amount of your children's Child Health Plus (CHP) premium.

The amount of your children's CHP premium is calculated based a four-person household consisting of you, your spouse, and your two children.

At the hearing, you testified that the household income amount of \$82,679.96 as stated in your August 1, 2014 determination was correct. You further stated during the hearing that your income changed when you became employed in November 2014 and your expected annual earned income was now \$110,000.00.

The 2014 federal poverty level (FPL) for a four-person household is \$23,850.00; household incomes between 300% and 350% of that figure (\$71,550 to \$83,475) would result in premium payments of \$45.00 per month per child up to a maximum of three children.

Therefore, basing your household's estimated earnings for 2014, the Marketplace properly determined that your premiums would be \$45.00 per child, based on annual earnings.

The Marketplace redetermined your children's eligibility for CHP on December 22, 2014 when you updated your application and reported an increase in income. This resulted in your children's enrollment in a CHP plan through Fidelis Care remaining in effect but at the full cost of premium, which is incorrect.

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Therefore, the December 23, 2014 notice of enrollment is MODIFIED to remove the determination that your children's CHP premium is \$319.90 per month.

Your case is RETURNED to the Marketplace for a redetermination of the CHP premium based on the information in this decision.

You did not provide the documentation to show your children had health coverage through an employer-sponsored insurance plan as directed by the Hearing Officer. Therefore, the record lacks any evidence that your children were covered under such plan and this decision cannot address whether your children's CHP plan should have been cancelled at an earlier date.

Decision

The December 23, 2014 notice of enrollment is MODIFIED to remove the determination that your children's Child Health Plus (CHP) premium is \$319.90 per month.

Your case is RETURNED to the Marketplace for a redetermination of the CHP premium based on the information in this decision.

Effective Date of this Decision: June 8, 2015

How this Decision Affects Your Eligibility

Your children's enrollment and eligibility as stated in the December 23, 2014 notice was correct; however the combined Child Health Plus (CHP) monthly premium for your children is \$90.00 per month from September 1, 2014 to January 31, 2015.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 after the date of the Decision Date, which appears on the first page of this Decision.

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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 U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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:
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- By fax: 1-855-900-5557

Summary

The December 23, 2014 notice of enrollment is MODIFIED to remove the determination that your children's Child Health Plus (CHP) premium is \$319.90 per month.

Your case is RETURNED to the Marketplace for a redetermination of the CHP premium based on the information in this decision.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

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A Copy of this Decision has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]